



USAID | **HAITI**
FROM THE AMERICAN PEOPLE

SSQHNORD
SERVICES DE SANTÉ DE QUALITÉ POUR HAÏTI-NORD



Services de Santé de Qualité pour Haïti–Nord Semi-Annual Report

OCTOBER 1, 2014 – MARCH 31, 2015

DISCLAIMER

The contents of this report are the sole responsibility of University Research Co., LLC, and do not necessarily reflect the views of the United States Agency for International Development or the United States government.

Distribution:

Kathleen Mathieu, USAID Contract Officer Representative
Wenser Estimé, USAID Alternate Contract Officer Representative
Reginalde G. Masse, USAID MNCH Advisor
Michele Russell, USAID Supervisory Health Officer/Health Office
Chief
Susanna Baker, USAID Deputy Health Office Chief
Jean Nguessan, SSQH–Nord Chief of Party
SSQH–Nord Subcontractors
File

This report was prepared by the USAID SSQH–Nord Project, which is funded by the American people, jointly sponsored by USAID and the Government of Haiti. The project is managed by University Research Co., LLC (URC) under the terms of Contract No. AID-521-C-13-00010. URC's subcontractors for the SSQH–Nord Project include Save the Children Federation, Inc., Abt Associates, FOSREF, and CDS.

On The Cover

Prenatal consultation at CAL La Victoire in Nord Department



Table of Contents

Table of Contents	III
Acronyms	V
Executive Summary	1
Introduction	2
1 Highlight of Key Achievements.....	4
2 Key Strategies and Approaches	6
3 Results Areas	6
Objective 1: Increase utilization of the MSPP's essential package of services at the 6 primary care and community levels	6
Key Results and Achievements.....	6
Objective 2: Improve the functionality of the USG-supported health referral networks	19
Key Results and Achievements.....	20
Objective 3: Facilitate sustainable delivery of quality health services through the institutionalization of key management practices at the facility and community levels.....	23
Key Results and Achievements.....	24
Objective 4: Strengthen departmental health authorities' capacity to manage and monitor service delivery	26
Key Results and Achievements.....	26
4 Monitoring & Evaluation	28
Key Results and Achievements.....	28
5 Project Management.....	30
Partnerships and Collaborations.....	30
Compliance With USAID Environmental Procedures	31
Emergency Cholera Response.....	31
MWM Indicator Assessment	31



Support to MSPP and NGOs	31
Field Offices	31
Payments of MSPP Vendors	31
Extension of NGO Subcontracts	32
Staffing.....	33
Short And Long-Term Technical Assistance.....	33
Communication And Knowledge Management (KM)	34
Branding and Marking	34
Project Website.....	34
Outreach	34
Knowledge Management	35
6 Implementation Challenges	36
7 Appendices	37
Appendix 1: Success Story 1	38
Appendix 2: Success Story 2.....	40
Appendix 3: SSQH–Nord Organizational Chart	42
Appendix 4: Progress Against Project Results.....	43
Appendix 5: Partnerships and Collaborations.....	61
SSQH–Nord – Partnerships and Collaborations: USAID Projects.....	61
SSQH–Nord – Partnerships and Collaborations: Other Institutions	67



Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
APR	Annual Performance Review
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communication
BEST	<i>Bien ak sante timoun</i> (Child Well-being and Health Project)
BGC	Bacillus Calmette-Guerin vaccine
C&KM	Communication and Knowledge Management
CAL	<i>Centre de Santé à Lits</i> (Inpatient Clinic)
CCC/MC	<i>Communication pour le Changement de Comportement/Mobilisation Communautaire</i> (Behavior Change Communication and Community Mobilization)
CDC	U.S. Centers for Disease Control and Prevention
CDS	<i>Centres pour le Développement et la Santé</i>
CDT	<i>Centre de Diagnostique et de Traitement</i> (Treatment and Diagnostic Center)
CMC	<i>Clinique Médico-Chirurgicale</i>
CHW	Community Health Worker
COP	Chief of Party
CP	Child Protection
CQI	Continuous Quality Improvement
CSL	<i>Centre de Santé sans Lits</i> (Outpatient Clinic)
CT	<i>Centre de Traitement</i> (Treatment Center)
DOTS	Directly Observed Treatment Short Course
DDS	<i>Direction Départementale de Santé</i> (Departmental Health Directorate)
DPEV	<i>Direction du Programme Élargi de Vaccination</i> (Direction of the Expanded Program on Immunization)
DRO	Disease Reporting Officer
DSA	<i>Département Sanitaire de l'Artibonite</i> (Artibonite Health Department)
DSN	<i>Département Sanitaire du Nord</i> (Nord Health Department)
DSNE	<i>Département Sanitaire du Nord-Est</i> (Nord-Est Health Department)
DSNO	<i>Département Sanitaire du Nord-Ouest</i> (Nord-Ouest Health Department)
ENC	Essential Newborn Care
EmONC	Emergency Obstetric and Neonatal Care



EVIH-T	<i>Eviter le VIH et sa Transmission</i> (Avoid HIV and its Transmission Project)
FOSREF	<i>Fondation Pour la Santé Reproductrice et l'Education Familiale</i>
FP	Family Planning
GBV	Gender-Based Violence
HFG	Health Finance and Governance Project
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IBESR	<i>Institut du Bien Être Social et de Recherche</i>
IEC	Information, Education and Communication
IPT	Isoniazid Preventive Therapy
IYCF	Infant and Young Child Feeding
KM	Knowledge Management
LAPM	Long-acting and Permanent Methods
LMG	Leadership, Management and Governance
LMS	Leadership, Management and Sustainability
LNSP	National Laboratory
M&E	Monitoring and Evaluation
MARP	Most At-risk Populations
MCH	Maternal and Child Health
MCSP	Maternal and Child Survival Program
MESI	Monitoring, Evaluation and Surveillance Interface
mHealth	Mobile Health
MOU	Memorandum of Understanding
MSM	Men Who Have Sex with Men
MNCH	Maternal, Newborn and Child Health
MSPP	<i>Ministère de la Santé Publique et de la Population</i> (Ministry of Health and Population)
MWM	Medical Waste Management
NACS	Nutritional Assessment, Counseling and Support
NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-Governmental Organization
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PADF	Pan American Development Foundation
PCR	Polymerase Chain Reaction
PDI	<i>Plan Départemental Intégré</i> (Integrated Departmental Plans)
PEPFAR	President's Emergency Plan for AIDS Relief



PEV	<i>Programme Élargi de Vaccination</i> (Expanded Program on Immunization)
PITC	Provider-Initiated Testing and Counseling
PLWHA	People Living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNLS	<i>Programme National de Lutte contre la SIDA</i> (National HIV/AIDS Program)
PNLT	<i>Programme National de Lutte contre le Tuberculose</i> (National Tuberculosis Program)
PPS	<i>Point de Prestation de Services</i> (Service Delivery Point)
PRISMA	<i>Prise en charge intégrée de la santé de la mère et de l'enfant dans l'Artibonite</i> (Integrated Management of Maternal and Child Health in Artibonite)
PSPI	<i>Paquet de Services Prioritaires Intégrés</i> (Integrated Package of Primary Care Services)
QI	Quality Improvement
RBF	Results-Based Financing
RH	Reproductive Health
RFP	Request for Proposal
RUTF	Ready-to-Use Therapeutic Foods
SCMS	Supply Chain Management System
SIMS	Site Improvement through Monitoring System
SSQH-Nord	<i>Services de Santé de Qualité pour Haïti-Nord</i>
SSQH-CS	<i>Services de Santé de Qualité pour Haïti-Centre/Sud</i>
SRH	Sexual and Reproductive Health
STTA	Short-term Technical Assistance
SW	Sex Worker
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UAS	<i>Unités d'Arrondissement de Santé</i> (Health Districts)
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
VAWG	Violence against Women and Girls
VCT	Voluntary Counseling and Testing
YFS	Youth-friendly Services



Executive Summary

The *Services de Santé de Qualité pour Haïti-Nord* (SSQH-Nord) project Year 2 began under the leadership of Chief of Party Dr. Nancy Fitch, who oversaw the restructuring of project staff into multi-disciplinary teams organized around key technical areas. This change creates new opportunities for internal cross-fertilization of ideas and knowledge-sharing, innovations, and the more effective application of transversal approaches, like community mobilization. In project Year 2, SSQH-Nord has begun implementing the first quality improvement collaboratives, focusing on maternal and child health and waste management. This exciting initiative will build departmental capacity to identify systemic blockages and develop collective strategies to address them. Also over this reporting period, project staff worked intensively to ensure site readiness for the results-based financing strategy through a series of trainings and site visits that enhanced financial management skills and promoted best accounting practices.

Project efforts to promote community-based care provision and specialized services have focused heavily on training, coaching, and regular supervisory visits. Activities facilitated by SSQH-Nord staff this period included trainings touching multiple service-provider levels and sectors: an additional module for Ministry of Health and Population's corps of Community Health Workers from the national curriculum; sample collection for polymerase chain reaction tests, facilitated in collaboration with the Caris Foundation (BEST project); active management of the third stage of labor/essential newborn care; and specialized care provision to most-at-risk populations. SSQH-Nord has also developed a new joint-supervision approach: two- or three-person supervisory teams comprising representatives from SSQH-Nord and the *Direction Départementale de Santé* (DDS, Departmental Health Directorate) conduct regular site visits with debrief findings and create and monitor corrective-action plans. Initial feedback indicates that this approach is successful in fortifying relationships between the project and the DDS and improving quality of services at the site level. This reporting period also marked the successful launch of the new mHealth application pilot in Borgne, with project staff actively working to troubleshoot and streamline the platform to account for local resource limitations (e.g., electricity and network coverage) and

improve overall usability. SSQH-Nord is pleased to report a 90% compliance rate for Human Immunodeficiency Virus/ Tuberculosis stock reporting at HIV service sites this period. This success is a result of intensive staff efforts to accompany and train lab and pharmacy staff to improve accurate, timely reporting of pharmaceutical supplies and medical stock.

Challenges faced this period include national disruptions in stock of Vitamin A supplements and several key vaccination antigens, which has significantly hindered the early childhood vaccination campaign. In addition, in the first half of Year 2, the particularly isolated SSQH-Nord site of La Tortue experienced a cholera outbreak. The extreme geographic inaccessibility of this site contributes to a lack of basic water and sanitation infrastructure and a paucity of health services, rendering the community particularly vulnerable to such crises. The project collaborated with United States Agency for International Development to activate a rapid response, including distribution of water purification tablets and basic hygiene supplies; no new cases have been reported since February, 2015. Looking forward, SSQH-Nord will continue to collaborate with MSPP and project sites to identify and respond to emerging needs and expand and adapt approaches that promote collaboration, quality, and functionality across the health system.



Introduction

The *Services de Santé de Qualité pour Haïti–Nord* (SSQH–Nord) project, managed by University Research Co., LLC (URC), is a USD \$26 million, three-year (2013–2016) project and funded by USAID, which collaborates with the Republic of Haïti’s *Ministère de la Santé Publique et de la Population* (MSPP) to ensure quality health service delivery and promote uptake of the MSPP’s integrated package of primary care services (*Paquet de Services Prioritaires Intégrés* – PSPI) and specialized referral services within each health district (*Unités d’Arrondissement de Santé* – UAS). The project intervenes at 84 public and non-governmental organization (NGO) health facilities and two rally posts throughout four departments (Nord, Nord-Est, Nord-Ouest, and Artibonite), covering a total population of approximately 1.6 million inhabitants. The project’s four main objectives are: (1) increase utilization of the MSPP’s essential package of services at the primary-care and community levels (particularly in rural or isolated areas); (2) improve the functionality of the United States government (USG)-supported health referral networks; (3) facilitate sustainable delivery of quality health services by institutionalizing key management practices at the facility and community levels; and (4) strengthen departmental health authorities’ capacity to manage and monitor service to delivery.

Programming includes comprehensive care for HIV/AIDS; maternal and child health (MCH); tuberculosis (TB) diagnosis and treatment; family planning (FP) and reproductive health (RH); gender-based violence (GBV) and child protection (CP); basic critical care services; and community-based activities. Project partners Abt Associates, Save the Children Federation, Inc., *Fondation Pour la Santé Reproductrice et l’Education Familiale* (FOSREF), *Centres pour le Développement et la Santé* (CDS), and Dimagi, Inc. provide specialized assistance expertise across technical areas to shape project interventions and support service delivery. SSQH-Nord leverages strategies such as rally posts and community mobilization to reach remote populations. In addition, the project subsidizes salaries and provides training to the MSPP corps of 803 community health workers (CHWs) and supervisors; these field workers represent the primary link between the community and Haïti’s health system and are

responsible for the majority of community-based service provision. The project also works closely with traditional birth attendants (TBAs), women’s groups, and other grassroots organizations, such as religious organizations, to build their capacity to support the population and reinforce connections within the referral network.

The SSQH-Nord project aims to respond to, and work in complementarity with, MSPP priorities and needs; therefore, building a strong, consultative relationship with the health department and ensuring MSPP approval and participation in project interventions is a transversal priority. At the institutional level, SSQH-Nord staff works closely with their health department counterparts to promote the implementation of a new quality improvement (QI) approach and improve efficiency of the systems that underpin the network, including health information, logistics, supervision, reporting, planning, financial management, and communication. Through strategies like joint supervision visits, coaching, and training, SSQH-Nord staff builds department-level management skills and supervisory practices and reinforces their leadership within the health system. The project also works to formalize and streamline a system-wide referral network that will maximize resources and ensure the population has access to a broader range of services.



1 Highlight of Key Achievements

Objective 1: Increase demand for and utilization of the MSPP's essential package of services at the primary-care and community levels

- Implementation of a continuum of care model that integrates CHWs with health facilities
- Increased access by expanding the range of services and ease of obtaining them from supported facilities
- Improved delivery of high-quality primary care services that meet clients' needs

- Completed 11 technical assistance (TA) visits to SSQH-Nord sites in the Nord department to assist with implementation of financial management systems
- Facilitated coaching visits to 22 SSQH-Nord sites to provide TA and promote quality program implementation
- Conducted supervision visits to 41 SSQH-Nord sites to monitor activities and collect project data
- Conducted integrated site-supervision visits of 21 HIV sites
- Provided on-site coaching to HIV personnel, identified gaps in patient retention and assessed personnel, training and equipment needs at 21 HIV visited sites
- Facilitated two (2) TA visits and coaching for the Nord-Est department to promote uptake of the index calculation tool for results-based financing (RBF) premiums in collaboration with the World Bank RBF pilot
- Screened more than 2,000 patients through the project's community-level mobile clinic activities
- Prepared five (5) SSQH-Nord-supported sites for evaluation with the President's Emergency Plan for AIDS Relief (PEPFAR's) Site Improvement through Monitoring System (SIMS)
- Trained 12 health providers on sample collection for polymerase chain reaction (PCR) tests in collaboration with the Caris Foundation (BEST project)
- Conducted 26 site supervision visits, including 13 joint visits with DDS representatives
- Assessed infection control of TB treatment at 26 project-supported sites
- Conducted initial active management of the third stage of labor/essential newborn care (AMTSL/EmONC) collaborative training session with the 20 sites that reported the highest volume of labor and deliveries
- Conducted two (2) training sessions on proper delivery procedures and handling of labor complications for project sites in the Nord and Nord-Est departments
- Conducted three (3) workshops on service delivery in the areas of MCH and family planning for departmental managers and institutional administrators in project catchment area
- Participated in planning meetings with representatives from the *Département Sanitaire du Nord* (DSN, Nord Health Department) and *Département Sanitaire du Nord-Est* (DSNE, North-Est Health Department) to organize two (2) training sessions on Nutritional Assessment, Counseling, and Support (NACS) and Infant and Young Child Feeding (IYCF) approaches, scheduled for April and May 2015
- Promoted distribution of Ready-to-Use Therapeutic Food (RUTF) to combat severe acute malnutrition in the DDS sites of the Nord, Nord-Est and Nord-Ouest departments



- Developed protocols for the implementation of a CP and GBV referral system in the *Point de Prestation de Services* (PPS)
- Organized awareness campaigns and developed outreach materials on GBV
- Conducted 231 informational sessions on GBV at FOSREF youth sites and SSQH-Nord sites
- Distributed 123,457 condoms to female sex workers (SW), men who have sex with men (MSM) and their clients
- Conducted 87 sessions on youth-friendly services (YFS) for community leaders and community agents

Objective 2: Improve the functionality of the USG-supported health referral networks

- **Implement model health referral networks**
- **Improve referral and counter-referral practices at all 86 service delivery sites**

- Analyzed and reinforced Integrated Departmental Plans (*Plan Départemental Intégré* – PDI) and related action plans in collaboration with representatives from all four DDS
- Initiated mobile health (mHealth) pilot in MCH at CHW level
- Provided intensive support to Saint Michel and Ouanaminthe laboratory and pharmacy to conduct comprehensive inventories, ensure monitoring and follow-up of key medical commodities and optimize use of physical space and equipment
- Achieved monthly HIV/TB stock reporting rate of over 90% among 21 HIV service sites
- Oversaw disposal of faulty equipment and expired materials and drugs according to best practices for pharmaceutical and medical waste management

Objective 3: Facilitate sustainable delivery of quality health services through the institutionalization of key management practices at the facility and community levels

- **Support the implementation of quality improvement mechanisms**
- **Build capacities in key management functions at both the facility and community levels**

- Conducted site supervision and TA visits and developed a health service recovery/QI plan for 33 PPS
- Conducted a training session on coaching on concepts and practices QI for DDS managers of the Nord and Artibonite departments
- Ensured the monitoring and follow-up of established QI teams of project sites
- Ensured the monitoring and follow-up of development of plans of action focused on infection prevention, waste management, MCH and overall management
- Planned 14 community meetings on QI within the referral systems of Saint Michel and Ouanaminthe
- Prepared a Memorandum of Understand (MOU) for the implementation of referral systems according to individual services
- Assessed thirty-two (32) MWM indicators
- Provided financial support to enable two of these meetings in the Nord-Est and Nord-Ouest departments
- Facilitated two sessions of the three-day financial management and accounting training
- Collected and analyzed data from sites participating in the AMTSL/emergency obstetrics and newborn care (EmONC) collaborative according to the monitoring and evaluation (M&E) plan

Objective 4: Strengthen departmental health authorities' capacity to manage and monitor service delivery

- Improve capacity in key management functions including planning, coordination, and monitoring of services of health facilities and CHWs through supportive supervision

- Signed departmental MOUs with each DDS formalizing continued collaboration with SSQH-Nord
- Analyzed and reinforced PDI and related action plans in collaboration with representatives from all four DDS
- Conducted 13 joint site supervision visits with DDS representatives
- Organized a training session on coaching on concepts and practices QI for DDS managers of the Nord and Artibonite departments
- Completed joint visit with the HIV Program Coordinators and M&E DDS teams to strengthen the capacity of departmental health authorities to manage and monitor service delivery
- Facilitated TA and coaching for the Nord-Est department on the index calculation tool for RBF premiums in collaboration with the World Bank RBF pilot
- Engaged the participation of the department and site-level M&E teams supervision in site visits to validate data
- Trained on and pilot tested the mHealth application at Borgne and Petit Bourg de Borgne with 28 CHWs
- Launched field implementation of the mHealth application at the Borgne and Petit Bourg de Borgne sites

2 Key Strategies and Approaches

SSQH-Nord implements the activities of each major objective through several main strategic approaches to achieve outputs and results:

- ↻ Scaling up use of high-quality integrated services in USAID-supported catchment areas through increased access to the essential package of priority services, systems strengthening, enhancement of healthcare providers' skills, improvements in referral networks and increased community-based care
- ↻ Increasing sustainability of the service-delivery system through development and institutionalization of planning, management capacity, supervision, monitoring and continuous improvement processes at the facility and departmental levels, and by providing the technical support and training needed for both levels and engaging communities and local organizations
- ↻ Creating an environment conducive to improved performance through expansion of results-based financing and continuous quality improvement (CQI)

3 Result Areas

Objective 1: Increase utilization of the MSPP's essential package of services at the primary care and community levels

To increase the utilization of the MSPP PSPI at the primary and community level, services need to be available, of good quality and affordable. Health providers' skills and client interaction need to be enhanced, essential drugs need to be available and service delivery points need to be within walking distance, whenever possible. At the same time, the community must be educated about health risks and warning signs to improve health-seeking behaviors and linkages between the community and health center must be reinforced to foster information flow and patients across these levels, in close relationship with increasing demand.

Key results and achievements

IR 1.1: Incentivizing of high quality performance at supported facilities and communities through results-based financing

- Facilitated two (2) RBF training sessions for members of the SSQH-Nord network in the Nord and Nord-Est departments
- Updated the index calculation tool for MSPP's RBF premiums
- Facilitated two (2) TA visits and coaching for the Nord-Est health department to promote uptake of the index calculation tool for RBF premiums in collaboration with the World Bank RBF pilot;
- Completed nine (9) financial management supervision visits to SSQH-Nord sites in the Nord-Est department;
- Held two (2) financial management training sessions for administrative staff and accountants from SSQH-Nord sites in the Nord department;
- Completed 11 TA visits to SSQH-Nord sites in the Nord department to assist with implementation of financial management systems.

Ensuring readiness for results-based financing across SSQH-Nord sites

Activities over this reporting period have focused largely on ensuring the readiness of SSQH-Nord sites for full implementation of the RBF strategy. In November and December 2014, sub-contractor Abt Associates, Inc.'s RBF team facilitated two training sessions in Cap-Haïtien for medical directors, administrators and community health directors from nine SSQH-Nord sites in the Nord department and 10 in the Nord-Est. A total of 55 providers attended the trainings (27 from the Nord and 28 from the Nord-Est).

In addition, successful distribution of the first RBF premiums will require broad understanding and transparency among RBF network members. To that end, the team worked to develop an index calculation tool for RBF premiums. This tool, which will allow staff in participating sites to understand the performance premiums calculation mechanism, factors in the attendance, salary and performance of individual staff members. It was introduced via two work sessions for staff from the Nord-Est department pilot sites. Thirty (30) health department staff attended the first session and 14 staff from the Terrier Rouge health center participated in the second.

Promoting sound financial management at project-supported sites

Following an initial training on the implementation of financial management systems for staff from 23 SSQH-Nord sites



RBF training led by SSQH-Nord held in Nord Department


in the Nord-Est department, nine of these sites received follow-up supervisory visits to improve financial management systems. In January 2015, technical staff from SSQH-Nord collaborated with DSN representatives to facilitate two financial management trainings for 50 technical, administrative and accounting staff from 16 project-supported sites. Each participating site will receive a subsequent TA visit to support the implementation of their financial management systems. Eleven (11) sites have been visited to date and have sound financial management systems in place.

Opportunities

The process of implementing RBF and setting up facilities (and health providers) for success is challenging. SSQH welcomes the opportunity to have more time to strengthen both administrative and financial aspects of health facilities while the final details on financing are being worked out between the MSPP and USAID. Meanwhile, it will also be possible to benefit from lessons learned from the World Bank pilot.

Next steps

- Collaborate with (and learn from) the Nord-Est health department's implementation of the World Bank RBF pilot;
- Finalize business plans for RBF sites in the Nord and Nord-Est departments;
- Provide follow-up on financial management training to project sites in the Nord department;
- Conduct RBF-eligibility assessments of SSQH-Nord sites in the Nord-Ouest and Artibonite departments;



Continue RBF preparation phase for eligible institutions identified in the Artibonite and Nord-Ouest departments through evaluation and selection of eligible institutions and facilitating training for providers and preparation of business plans.

IR 1.2: Implementation of continuum of care model linking community workers to facilities, mobilizing communities, and providing systematic referral-counter referral

Summary of achievements

- Coordinated and facilitated CHW trainings for 327 participants;
- Developed a 10-question, semi-structured interview guide to administer with Behavior Change Communication and Community Mobilization (*Communication pour le Changement de Comportement/Mobilisation Communautaire – CCC/MC*) personnel at the departmental level to inform the development of the CCC/MC strategy;
- Conducted interviews with four (4) CCC/MC personnel from the Artibonite, Nord-Ouest and Nord-Est departments to determine gaps;
- Facilitated coaching visits to 22 SSQH-Nord sites to provide TA and promote quality program implementation;
- Conducted supervision visits to 41 SSQH-Nord sites to monitor activities and collect project data.

Training for CHWs using MSPP curriculum

MSPP's national policy provides for the training of all of its CHWs using its five-module curriculum. SSQH-Nord identified the geographic location and training needs of the existing corps of CHWs within the catchment area. SSQH-Nord is using these data to support training of CHWs affiliated with project sites in accordance with the MSPP-endorsed curriculum.

During the reporting period, SSQH-Nord continued to work with MSPP to enlist certified trainers and master trainers to complete Modules 2 and 3 of the curriculum, which cover core CHW responsibilities, protocols and processes for conducting community-level work, and prevalent health concerns at each life stage. The training also provides a platform for

SSQH-Nord to both motivate the existing corps of CHWs and to emphasize the need for strong coordination between CHWs and the PPS to reinforce the reference network. Training will be held in the Artibonite and Nord-Ouest departments over a total of 27 days (16 days of theory and 11 days of practicum). During the reporting period, one module was covered and the second is ongoing.

Supporting leadership and coordination at the departmental level

SSQH-Nord's newly created departmental and community mobilization team was formed to streamline coordination of community-level activities with MSPP's departmental representation. This team works closely with counterparts at MSPP to foster quality improvement and leadership within MSPP and align project efforts with MSPP objectives and needs. It will ultimately include four field units embedded within each of the four DDS and comprised of a departmental coordinator, a community facilitator, and an accountant.

Team efforts have focused heavily on information-gathering, training, and monitoring. For example, the team developed and implemented semi-structured interviews with representatives from the Nord-Est, Nord-Ouest and Artibonite departments to understand local CCC/MC needs; these findings will also inform the development of SSQH-Nord's CCC/MC strategy. During this reporting period, the team met with CHWs from Saint Raphael to monitor community-level activities and promote integration of HIV-related care into their basic service package. In addition, representatives from the departmental and community mobilization team participated in weekly CHW meetings in Dondon and provided mHealth training to pilot participants in Borgne. Members of the departmental team worked closely with the Caris Foundation, an SSQH-Nord partner, to conduct PCR tests in Saint Raphael and Pignon.

The departmental and community mobilization team also worked to ensure that each of the four departments within SSQH-Nord's catchment area have integrated departmental plans and viable action plans in place. Together with representatives from the DDS, project staff conducted a thorough analysis of the current action plans, discussed and developed corrective action plans as needed, and submitted related requests for funding to relevant financial offices. Field visits also allowed project staff to observe and make recommendations on various project aspects, which they conveyed to stakeholders via briefing and debriefing meetings.

Opportunities

The newly-formed departmental and community mobilization team brings tremendous enthusiasm and motivation to begin implementing a more solid, streamlined approach to coordination at the departmental level. The very formation of this new team within SSQH-Nord is itself an opportunity to deepen relationships with MSPP and ensure that the SSQH-Nord project provides strong, needed, complementary support to Haïti's national health system. Indeed, creating and dispatching the field units to the DDS will solidify linkages and improve communication between SSQH-Nord and the DDS. Already, the Nord-Est field unit has noted improvements to the reporting process, thanks to their presence on the ground.

Next steps


- Facilitate the availability of referral/counter-referral forms across all SSQH-Nord sites;
- Follow up to ensure that recommendations from supervision visits are implemented;
- Continue tracking annual plans to ensure that activities being implemented in intervention areas correspond to this plan.

IR 1.3: Increased access to services by increasing range and ease of obtaining services

Improving access to HIV-related care

Summary of achievements

- Conducted joint site visits with DDS in all four departments to strengthen the departmental health authorities' capacity to manage and monitor service delivery
- Completed a joint visit with the HIV Program Coordinators and M&E DDS teams to strengthen the capacity of departmental health authorities to manage and monitor service delivery
- Conducted integrated-site-supervision visits of 21 HIV sites
- Provided on-site coaching to HIV personnel, identified gaps in patient retention and assessed personnel, training, and equipment needs at 21 visited HIV sites
- Held planning, information, and monitoring meetings with the Departmental Coordinators of HIV programs at the Artibonite, Nord and Nord-Est departments
- Provided assistance for the renovation of the Jacquézyl Health Center, an outpatient clinic (Centre de Santé sans Lits – CSL)
- Screened more than 2,000 patients through the project's community-level, mobile-clinic activities
- Conducted screening of most-at-risk populations (MARPs) and coordinated the referral of positive cases for treatment to HIV sites supported by the project
- Prepared SSQH-Nord-supported sites—Hôpital Claire Heureuse, Centre de Santé à Lits (CAL, inpatient clinic) Pierre Payen, the CSL Clinique Médico-Chirurgicale (CMC) Dugué, the CAL Raboteau and the CAL Marmelade—for evaluation with PEPFAR's SIMS
- Trained 12 health providers on sample collection for PCR tests, in collaboration with the Caris Foundation's BEST project
- Launched mothers and youth clubs in collaboration with the Caris Foundation (this support will allow for the training of peer educators to improve retention of patients and drug adherence)
- Trained data-reporting officers and cases managers of SSQH-Nord supported sites in all four departments, in coordination with the National Alliance of State and Territorial AIDS Directors (NASTAD), on case notifications and active surveillance of seropositive pregnant women to ensure reliability of prevention of mother-to-child-transmission- (PMTCT) data quality;
- Participated in the development of a paper outlining new strategies for HIV and syphilis-related PMTCT during a workshop organized by the MSPP and its partners and presided over by the First Lady of the Republic, in order for Haïti to become a MTCT-eradicated country
- Developed HIV-indicator-tracking charts for sites supported by the SSQH-Nord project
- Developed a concept note on the implementation of community-based, antiretroviral therapy (ART) distribution in four (4) pilot sites (the CSL La Fossette, Hôpital Claire Heureuse, the CAL Ouanaminthe, and Hôpital Beraca); developed a strategy for identifying HIV patients within the community
- Increased 12,324 sex workers (SW) awareness and knowledge (through 633 informational sessions) on HIV/AIDS and GBV prevention

- 
- 🌿 Distributed 123,457 condoms to MSM, SW, and their clients
 - 🌿 Provided HIV testing and counseling (HTC) services to 978 SW and their clients in four (4) FOSREF Lakay (Creole for ‘our home’) sites

Although great strides have been made in recent years to reduce the burden of HIV in Haïti, the country’s prevalence rate remains one of the highest in the Latin America and Caribbean region, at 2.0% of the adult population.¹ Efforts to stem the epidemic require strengthened primary-care-provider capacity to offer integrated HIV services—a core SSQH–Nord project strategy.

Of the 86 sites supported by SSQH–Nord, 21 currently provide HIV services. Twelve of these sites offer an integrated package of services, including HTC, palliative care, ART and PMTCT.

SSQH–Nord staff conducted supervisory visits in 21 HIV-service-delivery points. They provided training to HIV personnel, identified gaps in patient retention, and assessed site needs in terms of personnel, training, and equipment.

SSQH–Nord is also working towards increasing access to HIV services within the population. Selected in Year 1 as a pilot site to upgrade to the complete package of HIV services, CAL Saint Raphael (Nord department) began delivering ART in the first half of project Year 2. As a result, the health center is now able to provide ART and palliative care to eligible patients, who will no longer need to be referred to Hôpital Pignon. SSQH–Nord also contributed to the renovation of the CSL Jacquezy and will continue this effort in the second half of Year 2. The project will also activate ART at this site in order to provide more comprehensive HIV services to the populations in the Nord-Est department. The project is working toward activation of HIV services, including HTC, ART, and PMTCT, at the CSL Baie de Heine, the CAL Ranquitte, and the CSL Notre Dame de la Nativité. SSQH–Nord is working closely with the three sites to ensure readiness and a successful launch in the latter half of Year 2.

HIV testing and counseling

All 21 sites offer confidential HTC services. Emphasis is put on ensuring all clinical staff have training and coaching in provider-initiated testing and counseling (PITC). The project

relies on a combination of facility- and community-based approaches (e.g., mobile clinics) for HTC to promote early identification and enrollment of people living with HIV/AIDS (PLWHA) into palliative care and ART services.

SSQH–Nord supported two mobile clinics, one organized by the CSL Jacquezy in the Nord-Est department and the other by the CSL MC Dugué in the Nord department, organized by health centers to reach out to the general population. Each mobile clinic team is staffed by nurses or doctors and provides general consultations, prenatal care and limited laboratory tests, PITC and voluntary counseling and testing (VCT). Mobile clinics also include trained counselors and laboratory technicians. The project has notably provided TA and support to two sites, the CSL CMC Dugué and the CSL Jacquezy, for the organization of mobile clinics. To date, more than 2,000 patients have been screened for HIV through the project’s community-level mobile-clinic activities.

Prevention of mother-to-child transmission of HIV

SSQH–Nord offers direct support for service delivery at 19 PMTCT sites through its technical support to health-center staff, promoting the importance and availability of HIV testing for all pregnant women to eliminate mother-to-child transmission of HIV. Field-based service sites have been linked to fixed facilities to ensure immediate enrollment of all HIV-positive pregnant women in prenatal care. SSQH–Nord coordinated with NASTAD in December to train data managers to improve PMTCT data reliability, HIV case reporting and active surveillance of HIV-positive pregnant women.

Over this reporting period, project staff collaborated with NASTAD to organize two training sessions for health providers in the Nord, Nord-Est, Nord-Ouest and Artibonite departments (50 participants from 19 sites). SSQH–Nord also co-facilitated a training on PMTCT service delivery guidelines with a partner organization, the Caris Foundation, through the USAID-funded BEST project. Health providers from the project’s 19 PMTCT sites received training on sample collection for PCR tests. As a result, these sites achieved a 100% testing rate of babies born to HIV-positive mothers within two months of birth. SSQH–Nord representatives also took part in the MSPP’s consultation on the eradication of MTCT in Haïti convened by the First Lady of the Republic.

¹ <http://www.unaids.org/en/regionscountries/countries/Haiti/>



CSL Jacquezyl in Nord-Est, recently renovated through contribution from SSQH-Nord. The project is working closely with DSNE toward the activation of TB diagnosis and treatment services at Jacquezyl.

Community-based outreach

SSQH-Nord continues to work with partners to increase the number of HIV-positive patients receiving care and treatment through community-based activities and outreach. The project held a meeting with the Caris Foundation, the Institut du Bien Etre Social et de Recherche (IBESR), and PSI's EVIH-T Project (Avoid HIV and its Transmission), other partners and project-supported sites to coordinate community and institutional activities, and strengthen care provided to PLWHA. Project staff also held meetings with and provided coaching to CHWs to promote HIV service delivery and increase patient retention.

The FOSREF team supported the implementation of 633 awareness and informational sessions on HIV/AIDS and GBV prevention to SW. The sessions were conducted by community workers and SW peer educators in the cities of Cap-Haïtien, Port de Paix, Saint Marc, Gonaïves and Ouanaminthe. These activities raised awareness and informed 12,324 SW and their clients on these topics. In addition, 978 SW and their clients received routine HIV counseling and testing services in four Lakay sites in Cap-Haïtien, Port de Paix, Saint Marc and Ouanaminthe. Routine distribution of condoms by peer educators to MSM, female and male SW, and their clients in these sites reached 123,457 during this reporting period.

Finally, SSQH-Nord developed and submitted two concept papers to USAID. The first proposes a pilot of community-based ART distribution at four project sites (the CAL Ouanaminthe, Hôpital Beraca, the CAL Pierre Payen and the CSL La Fossette) in Year 2 to relieve barriers to patient retention in care and support (e.g., cost of transportation to health facilities).

The second concept paper addresses a community-based approach to identify HIV patients, including: strengthening outreach activities in the communities via CHWs, such as collaboration with the EVIH-T project to conduct community outreach; using multimedia communication tools (radio spots, posters, banners) to disseminate health messages to raise awareness of HIV and promote testing services; promoting re-testing of all HIV-positive patients every three months; collaborating with project site community teams to identify and work with leaders of influential community groups (e.g., churches, youth clubs, grassroots organizations); offering VCT and PITC in the community during mobile outreach testing; strengthening outreach to MARP; and related M&E approaches. Both concept papers are currently awaiting feedback from USAID/Haïti.

Preventing HIV/TB co-infection

The project continues to provide direct support for service delivery in all TB sites in the network to: (1) ensure that all HIV-positive patients have access to TB screening, treatment and prophylaxis, and (2) all TB patients are screened for HIV and enrolled in care, treatment and supportive services as needed. During this reporting period, the project developed a TB screening questionnaire based on the one proposed by MSPP/National HIV/AIDS Program (*Programme National de Lutte contre le SIDA – PNLS*) and shared it with all PEPFAR sites in order to ensure that all HIV-positive patients are properly screened and documented for TB. Field-based mentoring to project sites is focused on ensuring provider compliance with MSPP guidelines and recommendations for TB cases.

Since Year 1, SSQH-Nord sites have continued to achieve a screening rate of 90% among all HIV-positive patients, surpassing its target of 64%. SSQH-Nord will be working closely with TB staff in the DDS to provide TB diagnosis and treatment services in targeted HIV sites like Jacquezyl by the end of Year 2.

Strengthening the supply chain, labs and pharmacies to increase access to testing and therapy

SSQH-Nord continues to work to ensure widespread and consistent availability of ART—which is critical to prevent the population from developing drug resistance or co-morbidities as a result of interrupted or delayed treatment—and to decrease the risk of further disease transmission. SSQH-Nord coordinates closely with antiretroviral (ARV) suppliers,

particularly the Supply Chain Management System (SCMS), to monitor stock consumption, product loss, and transfer to avoid stock-outs or disruption to supply. Over the reporting period, the project collaborated with SCMS to support supply of ARVs, medications to treat common opportunistic infections (OIs), and laboratory equipment (commodities/ Pima CD4 tests), as well as good management of pharmacy stock and data, to 21 SSQH-Nord sites. Project staff were pleased to note that all 21 sites have demonstrated improved stock management this period and the project will continue to facilitate onsite trainings in ARV stock management for stock managers. SSQH-Nord also facilitated rapid reactivation of eight network sites that had experienced ARV stock-outs.

Ensuring PEPFAR compliance of SSQH-Nord supported sites

Over the reporting period, project staff conducted visits to five SSQH-Nord supported sites (Hôpital Claire Heureuse, the CAL Pierre Payen, the CSL CMC Dugué, the CAL Raboteau and the CAL Marmelade) to evaluate HIV services in accordance with PEPFAR's SIMS tool. Project staff also participated in the USAID/Centers for Disease Control and Prevention (CDC) workshop on the new indicators for the 2015 Semi-Annual Program Results report, as well as the USAID/CDC workshop on the new PEPFAR budgetary requirements for Haiti.

Next steps

The following activities are planned for the second half of Year 2 of the project:

- 🔗 Develop a training plan to address services gaps identified during supervision visits, including providing specialized care for PLWHA; conducting counseling on ART and PMTCT; and improving sensitivity and capacity to support orphans and vulnerable children (OVC) and victims of violence in coping with stigma and discrimination
- 🔗 Collaborate with the M&E team to organize quarterly data-management trainings to prepare site-data managers for PEPFAR reporting
- 🔗 Provide TA and on-site coaching to personnel based on needs identified during supervision visits to all 21 HIV sites

- 🔗 Develop a joint action plan between the HIV/TB and M&E teams to supply HIV tests to the 40 SSQH-Nord sites that conduct screening of pregnant women in support of the national Zero AIDS objective
- 🔗 Establish a network, similar to the network for PCR testing, to fulfill the objective of conducting at least one viral load test per year for the more than 90% of patients enrolled in care and treatment
- 🔗 Transfer Pima devices from the CAL Anse à Foleur and the CAL Saint Raphael to the CAL Pierre Payen and the CSL La Fossette in response to patient volume and site capacity

Improving access to care for Tuberculosis (TB) Summary of achievements

- 🔗 Supported the implementation of the "3 Is" strategy: intensified case finding, increased uptake of isoniazid preventive therapy, and enhanced infection control;
- 🔗 Conducted supervision visits in 26 of 46 TB sites, including 13 jointly with DDS representatives;
- 🔗 Assessed TB infection control at the 26 project-supported sites visited;
- 🔗 Organized planning meetings with TB program units of Nord and Nord-Est departments;
- 🔗 Participated in the Quarterly meetings organized by MSPP/National Tuberculosis Program (Programme National de Lutte contre la Tuberculose (PNLT)) and the DDS.

Haiti has one of the highest rates of TB in the Americas; however, nearly 40% of people with TB disease remain undiagnosed.² In Haiti, as in the rest of the world, HIV/AIDS has exacerbated the TB epidemic.

SSQH-Nord supports expanded diagnosis and treatment of TB through the implementation of the "3 Is" strategy: intensified case finding, increased uptake of isoniazid preventive therapy (IPT), and enhanced TB-infection control. The project aims to ensure that all HIV-infected patients receiving HIV services are routinely screened for TB at every clinical encounter, and, once diagnosed, patients are treated according to the national TB-control guidelines. Sixteen HIV-supported sites currently provide TB services and have

² <http://www.cdc.gov/tb/topic/globaltb/haiti.htm>



achieved a screening rate of 90% among all HIV-positive patients, surpassing the target of 64%.

Over the reporting period, project staff developed a questionnaire based on MSPP/PNLS protocols to improve TB screening at supported sites. SSQH-Nord also continued to facilitate training of technicians on GeneXpert equipment at the CAL Ouanaminthe in the Nord-Est (1), and in the CSL La Fossette in Cap-Haïtien, Nord (1), and Hôpital Claire Heureuse in Artibonite (2). The test device platforms were provided to all three institutions in Year 1 through assistance from USAID. In addition, the project is working closely with the DDS TB staff toward the activation of Jacquexyl in the Nord-Est department to offer TB diagnosis and treatment services for the first time. The project is working closely with the site to ensure readiness and a successful launch in the latter half of Year 2.

SSQH-Nord works with the four DDS to train health care workers on diagnosis and management of TB to ensure that HIV-positive patients with TB are not missed during clinical evaluations. As part of the collaborative approach, SSQH-Nord provides TA to develop supportive supervision and mentorship to health providers. Project staff held planning meetings with DSN and DSNE to discuss the current state of departmental TB programs, challenges, perspectives and support by SSQH-Nord, notably through the project's financial assistance plan.

At the institutional level, project staff conducted supervision visits at 26 TB sites, including 13 joint visits coordinated with DDS representatives. Through information gathered during facility assessments, SSQH-Nord supports the development of strategies to scale up the provision of IPT and plans to support the implementation of infection-control assessments and infection-control standards at all sites providing TB services. The project also created and provided supported institutions with reusable wall charts to promote and facilitate tracking of TB-related performance indicators.

SSQH-Nord implements a series of behavior change communication (BCC) activities in project-supported institutions to raise awareness of the risks of HIV and TB co-infection. At the community level, CHWs are actively involved in the accompaniment of TB patients, including monitoring DOTS (directly observed treatment, short-course) during home visits, and finding active TB cases. Home visits by CHWs and project BCC activities also provide opportunities to build awareness within the community regarding care-seeking behavior for symptoms linked to TB.

Next steps


The following activities are planned for the second half of project Year 2:

- 🔗 Organize joint site visits with DDS and ensure that departmental laboratory technicians collect sample slides every three months at all TB treatment sites in order to assess quality control
- 🔗 Develop an infection-control plan for treatment and diagnostic centers (Centre de Diagnostique et de Traitement – CDT) that provide TB services
- 🔗 Promote the application of TB-infection-control measures in all TB project-supported sites
- 🔗 Coordinate with SCMS to provide a GeneXpert machine in the Nord-Ouest department; complete the process for Artibonite in terms of training and making Genexpert tests available
- 🔗 Create a referral network for the GeneXpert test so the exam can be accessible for all TB sites

Improving access to maternal and child health service

Summary of achievements

- 🔗 Conducted initial AMTSL/ENC collaborative training session with the 20 sites that reported the highest volume of labor and deliveries
- 🔗 Conducted two (2) training sessions on proper delivery procedures and handling of labor complications for project sites in the Nord and Nord-Est departments
- 🔗 Conducted three (3) workshops on service delivery in the area of neonatal maternal health, child health and family planning for departmental managers and institutional administrators in project catchment area
- 🔗 Collected and analyzed data from sites participating in the AMTSL/EmONC collaborative per the established M&E plan
- 🔗 Performed data verification for AMTSL/EmONC collaborative sites: the CAL Ouanaminthe, the CSL Bois de Laurence, the CSL Bérée de Drouin, the CAL Borgne and Hôpital Notre Dame des Palmistes
- 🔗 Prepared a MOU for the implementation of referral systems according to individual services
- 🔗 Planned 14 community meetings on quality improvement in the referral systems of Saint Michel and Ouanaminthe



In the first half of project Year 2, SSQH-Nord MCH activities focused on identifying and addressing training needs of health care providers to: (1) expand the provision of high-quality services according to MSPP norms and guidelines; and (2) promote integrated service delivery to optimize quality care for mothers and their children at each visit. Strengthening the continuum of care is an MSPP priority the project reinforces through targeted community and facility levels approaches, including increasing the number of home births assisted by qualified traditional birth attendants (TBA), active management of the third stage of labor, and emergency obstetrics and newborn care.

Improving access to prenatal care

All SSQH-Nord sites and mobile clinics provide prenatal care. BCC activities, including project-supported mothers' clubs, are organized to raise awareness of these services and promote health messages among pregnant women. The project continues to support both CHWs' active involvement in follow-up for pregnant women who have missed prenatal appointments, as well as community-based *Comités de surveillance des urgences obstétricales* (obstetric emergency monitoring committees) to mobilize emergency transportation for women with high-risk pregnancies.

The project also established a QI collaborative focusing on AMTSL/EmONC that promotes techniques to identify bottlenecks and areas of improvement and allow each facility to understand their own challenges and propose solutions. Emphasis is placed on organizing opportunities for health facilities to share their experiences implementing incremental changes with their peers. Training coaches who provide supportive supervision to all sites reinforce the methodology.

Within the framework of the AMTSL/EmONC collaborative, SSQH-Nord facilitated an initial training for the 20 institutions in the project's catchment area that perform the most deliveries. Forty-one (41) health care providers, including medical directors, nurse midwives, maternity managers and nurse managers, took part in this training. The project will facilitate additional training sessions in the latter half of Year 2. Project staff also conducted site supervision visits to collect, analyze, and verify data from AMTSL/EmONC collaborative sites, including the CAL Ouanaminthe, the CSL Bois de Laurence, the CSL Bérée de Drouin, the CAL Borgne and Hôpital Notre Dame des Palmistes.

The project continues to support the development of the referral systems between primary- and secondary-level care sites and the referral hospital for pregnancy complications. SSQH-Nord has planned 14 community meetings for quality improvement in the referral systems of Saint Michel and Ouanaminthe, to take place in the latter half of Year 2. Project staff also prepared a MOU for the implementation of referral systems according to individual services.

Over this reporting period, the number of institutions within the catchment area that provide emergency obstetric and neonatal care for caesarian sections has increased to seven, while the number of sites that offer basic EmONC has risen to 14. Project staff conducted two, five-day sessions to train health care providers from SSQH-Nord sites in the Nord and Nord-Est departments on proper delivery procedures and handling of complications of childbirth. While SSQH-Nord promotes delivery at a health institutions whenever possible, it continues to support MSPP's efforts to reduce the risks associated with home delivery through the distribution of sterile delivery kits to midwives and TBAs at monthly training meetings. These monthly gatherings also provide a forum for TBAs and midwives to share community birth reports, discuss challenges and difficulties encountered in the field, share knowledge with peers, and learn collectively.

Reinforcing high-quality neonatal care

Essential neonatal care is strongly encouraged at project-supported sites. SSQH-Nord continues to collaborate with implementing partners, such as the Maternal and Child Survival Program (MCSP), to improve newborn care by extending the reach of best practices, such as kangaroo mother care (skin-to-skin care) and Helping Babies Breathe, in health facilities that provide delivery services. Project staff conducted three, one-day workshops on service delivery in the area of neonatal maternal health, child health, and family planning for departmental managers and institutional administrators in the four DDS; 78 administrators and sites managers participated.

Over the reporting period, SSQH-Nord continued to support the six MNH Centers of Excellence in maternal and neonatal care (Hôpital Pignon, the CAL Pierre Payen, Hôpital Claire Heureuse, Hôpital Beraca La Pointe, the CAL Ouanaminthe and Hôpital Fort Liberté), which were established in 2012 and form an important complementary component of the continuum of care for SSQH-Nord's MCH activities.



Health worker administers vaccine to breastfeeding infant at CAL Mombin Crochu in Nord-Est. SSQH-Nord encourages exclusive breastfeeding for the first six months of life among new mothers.

SSQH-Nord works with health care providers, CHWs and community groups to encourage exclusive breastfeeding for the first six months of life. At the community level, the project also facilitates training of TBAs and CHWs to identify the signs of asphyxia and hypothermia and make proper referrals. The successful integration of the mHealth mobile application, *CommCare*, will further facilitate data collection along with rapid triage and referrals. The mHealth pilot was launched during the month of March 2015 and is currently ongoing in the communes of Borgne (Nord department), with rollout to additional sites scheduled for the latter half of Year 2.

Increasing uptake of postnatal care

According to the World Health Organization, skilled attendants in Haiti assisted only 37.3% of births in 2013. SSQH-Nord continues to work closely with MSPP to increase the number of PPS across its catchment area for postnatal care during the initial days after childbirth. Currently, 84 project-supported institutions provide postpartum care. From October 1st, 2014, to March 31st, 2015, these sites have reported a total of 3,613 postnatal consultations within six hours after birth, 10,206 postnatal consultation three days after birth, and 6,875 postnatal consultations within six weeks after delivery. To address the low rate of postnatal care among women who give birth at home with TBAs, SSQH-Nord works with CHWs

to systematically conduct home visits within 72 hours after delivery, using the postnatal checklist to identify and refer early postpartum complications. Over the reporting period, 10,206 home visits were conducted by CHWs. The importance of postnatal care is further reinforced through health education at prenatal clinics, during CHW home visits with patients, and during monthly meetings with TBAs and mothers' clubs.

Next steps

- ✎ Conduct training sessions on NACS/IYCF, Long-Acting and Permanent Methods (LAPM) for family planning, and on proper handling of delivery and complications of childbirth
- ✎ Continue community meetings on quality improvement and conduct client satisfaction surveys at SSQN-Nord supported sites
- ✎ Conduct site supervision and TA visits to ensure implementation of corrective action plans
- ✎ Participate in establishing seven referral systems for provision of obstetrical emergency care
- ✎ Organize four workshops on the reinforcement of community and social mobilization at project-supported sites

Increasing access to childhood vaccinations

Immunization is one of the most cost-effective interventions to improving long-term health outcomes. Increasing the childhood vaccination rate is a vital component to achieving broad coverage within the population. Unfortunately, progress in this technical area has been impeded by prolonged disruptions in the national supply chain. This shortage, first noted in project Year 1, has led to the unavailability of vital supplies and vaccines, including Pentavalent³ and Bacillus Calmette-Guerin vaccine (BGC), across the SSQH-Nord catchment area, although the situation has improved in some facilities.

The project continues to support the Expanded Program on Immunization to address prolonged shortage of vaccine antigens and provide logistical support for distribution and follow-up at project-supported sites, as necessary. Despite some improvements, intermittent shortages of certain vaccines over the reporting period has continued to hinder child-vaccination efforts across SSQH-Nord catchment area. As a result, vaccination rates in the four departments covered by the project (Artibonite, Nord, Nord-Est and Nord-Ouest) over the first half of Year 2 have decreased, with only 12,953



CHW prepares to administer vaccines at rally post in the community of Petite Rivière in Artibonite.

children having received full vaccination; which is less than half the target for the reporting period. SSQH-Nord has been in close contact with the *Direction du Programme Élargi de Vaccination* (DPEV, Direction of the Expanded Program on Immunization), sharing information collected on the field and from departmental *Programme Élargi de Vaccination* (PEV, Expanded Program on Immunization) nurses to assess the reality of the situation. Logistics support consisting of transportation allowance and *per diem* have been offered to the departmental level whenever the stock-outs were related to logistical gaps. Project staff, in conjunction with supported institutions and CHWS, promote better stock management and avoid wasteful use of vaccines.

The project is focusing on measures to expand the reach of rally posts—currently, two rally posts exist in the Artibonite department—to facilitate access to childhood vaccinations (for children under one year of age) in rural settings. These activities will begin in the month of May 2015.

Preventing malnutrition

Summary of achievements

- ✎ Provided TA to expand appropriate infant feeding practices and improve nutritional counseling
- ✎ Collaborated with DDS officials to conduct joint supervision visits of health facilities in project catchment area

- ✎ Participated in planning meetings with representatives from the DSN and DSNE to organize two training sessions on NACS and IYCF approaches, scheduled for April and May 2015
- ✎ Promoted distribution of RUTF to combat severe acute malnutrition in the DDS sites of the Nord, Nord-Est and Nord-Ouest departments

SSQH-Nord focuses its efforts on training of health workers for routine screening and prevention of malnutrition. TA is provided to expand appropriate infant-feeding practices among pregnant and postpartum women, including early initiation of breastfeeding, exclusive breastfeeding until six months, and appropriate complementary feeding until two years of age. SSQH-Nord staff worked with personnel from the DSN and DSNE to plan two training sessions on NACS and IYCF approaches for health workers in the Nord and Nord-Est department; these trainings will be held in April and May 2015.

Training of health workers also encompassed providing counseling on proper feeding techniques for mothers and their children at the facility and community levels. Due to the prolonged disruption in the national supply chain and the stock-out of vitamin A supplements, SSQH-Nord worked with project sites to encourage intake of vitamin A-rich food, as well as exclusive breastfeeding for the first six months of life, among patients. SSQH-Nord also promotes the systematic prescription of iron and folic acid supplements during antenatal care and consumption of iron-rich food in order to fight anemia among pregnant women and prevent risks, such as low birth weight and the inability to manage post-partum hemorrhage successfully.


In response to reports of high rates of acute malnutrition in the project catchment area, project staff coordinated and oversaw the distribution of 500 cases of Plumpy'Nut to 23 supported sites in the Nord, Nord-Est and Nord-Ouest departments. A therapeutic food paste comprised of peanuts and vitamin supplements, Plumpy'Nut it is used quite successfully to treat malnutrition in Haïti and around the world.

Improving access to family planning and reproductive health

Summary of achievements

- ✎ Conducted three workshops on service delivery in neonatal maternal health, child health and family planning with departmental managers and institutional administrators in project catchment area

³ Pentavalent vaccine is a combination of five vaccines: diphtheria-tetanus-pertussis, or DTP; hepatitis B; and Haemophilus influenzae type b (Hib).



📌 Monitored observance of norms relating to family planning during site visits

SSQH-Nord places particular emphasis on promoting the family's right to choose in its efforts to improve accessibility and quality of FP service across the project catchment area. As of project Year 2, 84 SSQH-Nord sites provide FP services, along with an expansion of the range of contraceptive options available at different institutions: 32 offer LAPM, such as voluntary surgical contraception; 84 offer oral contraceptive pills and injectable contraceptives; and 32 offer Jadelle contraceptive implants. SSQH-Nord encourages religiously-affiliated sites that prohibit the provision of FP services to refer patients seeking this service to other project sites.

To expand access to contraception, SSQH-Nord has adopted a community-based distribution strategy whereby CHWs—under the supervision of health workers—provide these inputs directly to patients. The mobile health application *CommCare* will be used by CHWs during home visits and counseling sessions to support this and other community-based care strategies (see section “IR 4.4: Technology solutions for improved management introduced” for more details on mHealth). The project also works with SCMS and other partners to increase availability and accessibility of FP products and services.

At the departmental and site level, the project has facilitated three workshops on service delivery in neonatal maternal health, child health and FP with both departmental program managers and site administrators and data managers from the Nord, Nord-Est, Nord-Ouest and Artibonite departments. SSQH-Nord efforts have also focused on implementing measures to ensure compliance with MSPP and USAID FP regulations and USG mandates, including PEPFAR guidance. This is carried out through the monitoring of applicable norms during site-supervision visits and refresher trainings organized by project staff for health care workers at supported sites.

Community mobilization

Summary of achievements

📌 Planned 14 community meetings on quality improvement in the referral systems of Saint Michel and Ouanaminthe

Community mobilization is a transversal strategy to meaningfully engage communities in identifying and responding to shared health needs and concerns. The project implements community-level activities (e.g., awareness-raising campaigns,

training and support to grassroots groups) to promote health-seeking behaviors within the population, build the capacity of community-level providers to deliver quality health services, and promote access to care across all areas of technical intervention. The inclusion of community-specific human resource embedded in the departmental teams is expected to strengthen community mobilization results. Community mobilization activities are also discussed in the section below on GBV and CP.

Gender-based violence and child protection

Summary of achievements

- 📌 Conducted 13 TA visits for psychosocial support personnel at five SSQH-Nord-supported sites to improve assessment and treatment of cases of violence and abuse
- 📌 Developed protocols for the implementation of a CP and GBV referral system in the PPS
- 📌 Created and provided supported sites with CP- and GBV-data-collection tools
- 📌 Developed psychosocial evaluation forms for teenage-girl and woman victims of violence
- 📌 Developed protocols for CP- and GBV-risk-prevention training at the community level
- 📌 Organized awareness campaigns and developed outreach materials on GBV
- 📌 Conducted 231 informational sessions on GBV at FOSREF youth sites and SSQH-Nord sites

The SSQH-Nord network currently includes 15 sites that address GBV and CP needs. These sites provide clinical, legal, and psychological support for survivors of GBV. CP activities are aimed at increasing the percentage of community and clinical health staff at all SSQH-Nord sites trained to recognize and refer protection cases to the appropriate legal and social services. SSQH-Nord sites that provide GBV and CP services are closely linked to existing project services, including HIV prevention, care, and treatment, as well as family planning and reproductive health.

Over the course of the reporting period, project staff conducted 13 technical-assistance visits at five SSQH-Nord sites (the CSL CMC Dugué, the CSL La Fossette, the CAL Ouanaminthe, the CAL Saint Michel and Hôpital Claire Heureuse) to build capacity of psychosocial-support personnel to identify victims of GBV, deliver necessary care, and facilitate appro-



SSQH-Nord Coordinator for CP and GBV conducts training on gender-based violence for health workers and CHWs.

appropriate referrals. The SSQH-Nord CP and GBV coordinator visited 15 of 21 project-supported HIV sites to coach and train personnel on their approach to OVC and GBV, identifying and screening MARP, patient retention and ARV treatment and data management. The coordinator also organized five series of four-day training sessions on CP and GBV for health providers and CHWs in five communities (Gonaïves, Deschâpelles, Mombin Crochu, Baie de Heine and Ouanaminthe). Over 143 health providers and CHWs from 25 sites benefited from these trainings.

SSQH-Nord created and disseminated CP- and GBV-data-collection tools and a psychosocial evaluation form to facilitate the identification and assessment of teenage-girl and woman victims of violence to all supported sites. Project staff also drafted a protocol for the implementation of a specialized CP and GBV referral system in the PPS, along with a protocol for CP- and GBV-risk-prevention training at the community level.

As a particular highlight this period, SSQH-Nord—with the support of project partner, Save the Children—organized special events around the 16 Days of Activism Against Violence Against Women and Girls (VAWG) (November 15–December 1) at three different communes within the project catchment area (Marmelade, Saint Michel de l'Attalaye and Marchand Dessalines). Keeping the theme of “From Peace in the Home to Peace in the World: Let's Challenge Militarism and End Violence against Women,” these activities aimed to raise awareness of GBV among adolescent girls and boys and to foster learning about GBV/CP concerns in those com-

munities. Events targeted youth between the ages of 10–14 and community members, with SSQH-Nord staff engaging participants through a series of games and open-ended, question-and-answer sessions designed to raise awareness about GBV. SSQH-Nord staff created and disseminated Creole-language flyers on GBV and T-Shirts bearing the anti-VAWG theme.

FOSREF youth peer educators conducted 231 awareness and informational sessions on GBV at FOSREF youth sites and SSQH-Nord-supported sites in Cap-Haïtien, Gonaïves, Saint Marc, Port-de-Paix and Ouanaminthe. These short sessions brought together 20 to 30 people per session.

Next steps

The following activities are planned for the second half of Year 2 of the project:

- ✎ Conduct a mapping of services and community-based organizations intervening in protection issues (legal, social, community based, NGOs, health, etc.)
- ✎ Conduct planned protection-themed focus-group discussions with children and women in 11 selected communities (possibly involving men)
- ✎ Plan and facilitate training and workshops on psychosocial support and GBV and CP service needs in the SSQH-Nord communities
- ✎ Develop local child-protection committees that are sensitized to and monitor community-level GBV and CP issues;
- ✎ Implement protocols for establishing CP- and GBV-referral systems and training plans;
- ✎ Organize community-level CP- and GBV-awareness campaigns in celebration of International Children's Day, International Domestic Workers' Day and the International Day for the Elimination of Violence against Women.

Youth-friendly services

Summary of achievements

- ✎ Provided instructional materials on the delivery of YFS to all SSQH-Nord sites
- ✎ Conducted 87 sessions on YFS for community leaders and community agents
- ✎ Developed coaching and TA plans to support SSQH-Nord sites in YFS delivery

- 🔗 Maintained contact with all four departments for support and assistance to public sites in YFS
- 🔗 Initiated YFS coaching at 17 project sites
- 🔗 Supported 5,302 young FP users in the FOSREF network

Youth-friendly services are an essential piece of increasing access to health care for underserved populations. FOSREF, a member of the SSQH-Nord partner consortium, has years of demonstrated expertise in these activities. In the last reporting period, the collaboration with FOSREF to facilitate YFS gained momentum. FOSREF distributed guides to community- and site-level YFS service delivery to all SSQH-Nord sites. These instructional materials included guidelines on how to conduct youth-friendly activities, how to engage with youth groups and youth clubs, and how to offer FP, HIV/AIDS, GBV prevention, and early pregnancy services to youth. FOSREF youth peer educators in all four project departments conducted 87 sessions/briefings on youth-friendly activities and services for community leaders and field agents at SSQH-Nord sites. Indeed, the integration of community leaders into youth activities, particularly in the areas of sexual and reproductive health, FP, and HIV/AIDS and GBV prevention, is a core component of YFS activities.

Over the reporting period, the FOSREF team developed coaching and TA plans to support SSQH-Nord sites in the delivery of youth-friendly services and activities. This process included planning meetings, information sharing, and monitoring performed by the FOSREF departmental coordinators. The team maintains regular communication with all four DDS to provide assistance to public sites implementing YFS. YFS coaching has already been initiated at the CSL Deschappelles, the CSL Liancourt, the CLS Bastien, the CSL Tienne, the CSL CMC Dugué Clinic, the CSL La Fossette, Fort Saint Michel, the CSL K-Soleil, the CAL Rabotteau, Hôpital de Fort Liberté, the CAL Mont Organise, the CAL Ouanaminthe, Dispensaire de Savane Longue, the CSL Acul des Pins, Dispensaire de Savane-au-Lait Disp., Dispensaire de Dilaire, Dispensaire de Derac, Dispensaire d'Acul Samedi, the CSL Bassin, and Dispensaire de Poteau.

FOSREF supported 5,302 young FP users during this reporting period. These services are provided routinely by providers at FOSREF project sites and by youth peer educators through community networks.

Next steps

The following activities are planned for the second half of Year 2 of the project:

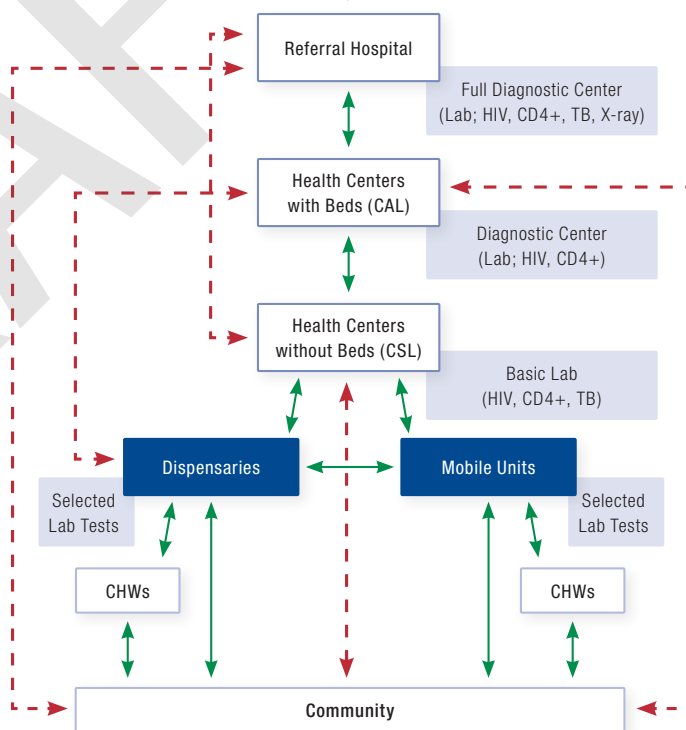
- 🔗 Expand and strengthen the YFS coaching visits to project sites in all four departments

- 🔗 Strengthen collaboration with MSPP staff and partners in order to perform joint site visits
- 🔗 Intensify interventions and activities for OVC, GBV and services for youth and MARP


Basic critical-care services

SSQH-Nord used this last reporting period to evaluate the applicability of the critical-care indicators in the scheme of the project. In Project Year 1, initial conversations had occurred with the University of Miami's project MEDISHARE to collaborate on critical care services. However, since then, the range of services that will be targeted for the SSQH-Nord project and been revised and the collaboration is being reassessed.

Objective 2: Improve the functionality of the USG-supported health referral networks



The referral system model as conceived by MSPP is a completely integrated and harmonized health network that encompasses the entire continuum of care, from CHWs to tertiary-level departmental hospitals. The referral network would include vertical programs such as HIV/AIDS and TB, maternity/obstetric care, both sick and well-child care, and basic critical care. At the local level, health services in Haïti will be overseen by newly-defined health districts, known



as UAS (formerly called UCS, *Unité Communale de Santé*); these UAS interface with existing departmental- and central-level structures, such as the DDS, to ensure that services flow from the planning level to the population (see diagram). Given the transversal nature of SSQH–Nord’s core strategies, each dimension of the project’s support to MSPP across the four northern departments also functions in support of these networks, either directly or indirectly.

Of the three health referral networks currently supported by the USG in Haiti, two have been identified by USAID from within SSQH–Nord catchment areas to receive targeted assistance: the Ouanaminthe referral network, which is located inside the Northern USG Development Corridor, and the Saint Michel referral network, which lies within the Saint Marc corridor and is a part of the UAS of Marmelade. In the reporting period, project efforts focused on supporting this approach and the functionality of these networks.

Key results and achievements

IR 2.1: Improved health workforce capacity within health referral networks

Summary of achievements

- 🔗 Analyzed and reinforced PDIs and related action plans in collaboration with representatives from all four DDS
- 🔗 Successfully integrated mHealth mobile application, *CommCare*, will further facilitate data collection along with rapid triage and referrals
- 🔗 Continued support of CHWs’ active involvement in follow-up for pregnant women who have missed prenatal appointments, as well as community-based obstetric emergency monitoring committees to mobilize emergency transportation for women with high-risk pregnancies
- 🔗 Planned 14 community meetings on quality improvement in the referral systems of Saint Michel and Ouanaminthe

Improving referrals capacity through innovative technology

In the last reporting period, and in collaboration with Dimagi who provided TA and guidance, the mHealth mobile application, called *CommCare*, was successfully integrated in

March 2015 at the launch of two pilot sites in the commune of Borgne (Nord department). This technology, used via smartphones furnished by the project, will further facilitate data collection along with rapid triage and referrals. Rollout to additional sites is scheduled for the latter half of Year 2.

Improving health workforce capacity within health referral networks

In the reporting period, the project targeted capacity-building interventions to support the UAS structure. To that end, SSQH–Nord prepared an MOU for the implementation of referral systems according to individual services. The project is also collaborating with MCSP to coordinate referral network efforts from the national to the department and community level, currently with Saint Michel and Ouanaminthe.

At the community level, the project continues to support both CHWs’ active involvement in follow-up for pregnant women who have missed prenatal appointments, as well as the obstetric emergency monitoring committees to mobilize emergency transportation for women with high-risk pregnancies.

Reinforcing the Departmental Action Plans

During the first half of project Year 2, the departmental and community mobilization team worked to ensure that each of the four departments within SSQH–Nord’s catchment area have PDIs and viable action plans in place. Together with representatives from the DDS, project staff conducted a thorough analysis of the current action plans, discussed and developed corrective action plans as needed and submitted related requests for funding to relevant financial offices. Field visits also allowed project staff to observe and make recommendations on various project aspects, which they conveyed to stakeholders via briefing and debriefing meetings.

Next steps

- 🔗 Continue tracking and follow-up of PDI to ensure that activities being implemented in intervention areas correspond to this plan;
- 🔗 Foster the creation of seven (7) referral systems for provision of obstetrical emergency care;
- 🔗 Continue community meetings on quality improvement in the referral systems of Saint Michel and Ouanaminthe.

IR 2.2: Strengthened information system and data flow within health referral networks

Summary of achievements

- Initiated mHealth pilot in MCH at CHW level
- Achieved monthly HIV/TB stock reporting rate of over 90% among 21 HIV service sites

Implementing cell phone app to facilitate referral/counter-referrals

The successful integration of the mHealth mobile application, *CommCare*, will further facilitate data collection along with rapid triage and referrals at the community health worker-level. Currently, the application module targets MCH, with a focus on vaccinations. Future modules will focus on logistics, GBV and supervision.

Improving supply-chain-reporting systems at labs and pharmacies

SSQH-Nord efforts emphasize support to labs and pharmacies at the 21 HIV/AIDS service sites to reinforce the supply chain and promote access to vital medications. The project worked intensively with laboratory and pharmacy staff toward the implementation of a reporting system and uptake of reporting tools, including stock registers and monthly consumption reports. As a result, monthly reporting rates across the project's 21 HIV/AIDS service sites have remained over 90% in project Year 2, a great achievement for the project and partners.

In light of continued disruptions in the national supply chain, project staff met with SCMS to make contingency plans to avoid potential interruptions and ensure the availability of ARV, OI and postnatal care medications, commodities, and laboratory test kits.

IR 2.3: Improved drug and other medical commodity supply chain / logistics management within health referral networks

Summary of achievements

- Provided intensive support to Saint Michel and Ouanaminthe laboratory and pharmacy to conduct comprehensive inventories, ensure monitoring and follow-up of



Laboratory technician at work in Hôpital de Ouanaminthe in Nord-Ouest Department.

key medical commodities and optimize use of physical space and equipment

- Collaborated with SCMS, the National Laboratory (LNSP) and the Foundation for Innovative New Diagnostics (FIND) to ensure maintenance and repair of necessary equipment
- Oversaw disposal of faulty equipment and expired materials and drugs according to best practices for pharmaceutical and medical waste management

Encouraging best practices at laboratories and pharmacies

The lack of adequate infrastructure in Haïti, including poor roads and intermittent electricity, and the absence of a standardized, national supply-chain system, make management of logistics and the medical commodity supply chain an ongoing challenge for SSQH-Nord partner sites.

In the reporting period, project staff conducted supervisory and monitoring visits to ensure ongoing adherence to best practices managing stocks and disposal of medicinal stock and hazardous waste. The CAL Saint Michel de l'Attalaye and CAL Ouanaminthe pilot sites, selected in Year 1, benefitted from several supervisory and monitoring visits over the reporting period. Both institutions have adopted and are implementing proper multilevel supply-management procedures at their respective laboratories and pharmacies and with respect to the management of vaccine antigens.

During the reporting period, project staff made regular field visits to encourage best practices for monitoring and reporting of stock, as well as maintenance of medical commodities. Storage conditions within institutional pharmacies have proven very satisfactory across the SSQH-Nord catchment area; for example, 82.25% of supported facilities store medications in an area protected from light, and 74% of sites with storage areas free of rodents and insects.

SSQH-Nord worked with partner organizations to identify and facilitate repair of faulty equipment at supported sites, including:

- ✎ Ensuring the repair of faulty equipment at the CAL Ouanaminthe. A report based on the assessment conducted by the Nord-Est departmental technician was submitted to the LNSP;
- ✎ Conducting follow-up with the firm Reinbold Export Import for the repair of the Pima device at Hôpital de Pignon;
- ✎ Collaborating with SCMS to identify faulty equipment and ensuring numerous repairs by BD FACSCount and Reinbold Export Import at different sites across the catchment area; and
- ✎ Facilitating maintenance of Sysmex devices at seven project-supported sites.

The project also facilitated the transfer of Pima devices from the CAL Anse à Foleur and the CAL Saint Raphael, neither of which have large patient volumes, nor qualified personnel to operate these machines, to the CAL Pierre Payen and the CSL CDS La Fossette. This transfer is a better distribution of resources based on need and capacity.

Following a series of supervisory visits conducted throughout March 2015, project staff have identified net improvements in the management of expired medical commodities at supported facilities; 59% of the sites have implemented procedures for proper separation and containment of expired medications. Training sessions will be held by SCMS for the month of April in the Nord-Ouest and Artibonite departments to coach HIV stock managers on the regular, proper disposal of expired HIV medications.

Next steps

- ✎ Assist institutions with the implementation of an improved commodity-logistics system
- ✎ Ensure availability and proper use of stock-management tools at all project-supported sites

- ✎ Provide further training and coaching to institutional logistics managers to reinforce management systems and proper use of stock-management tools
- ✎ Facilitate the implementation of a standardized system to supply essential medicines
- ✎ Improve practices for storage of vaccines and reinforce the cold chain
- ✎ Collaborate with FIND to hire and train a lab technician to operate the GENXPERT device

IR 2.4 Improved oversight of network management by UAS coordinators to support referral network through quality improvement

Summary of achievements

- ✎ Joint supervisory visits to 29 out of 30 health facilities in the Artibonite department
- ✎ Availability of MWM plan in all sites in Saint Michel referral network
- ✎ Inclusion of UAS staff in the QI collaborative

SSQH-Nord currently works with two USG-supported referral networks in Saint Michel and Ouanaminthe. The Saint Michel referral network, located in the *Département Sanitaire de l'Artibonite* (DSA), is currently the only DDS with a functioning UAS. The project supports 30 health care institutions within the Artibonite department, and works in close collaboration with the UAS of Marmelade (nine sites and one rally post), Gonaives (seven sites), Dessalines (nine sites and one rally post) and Saint Marc (five sites).

The project is working to ensure that QI approaches used in the project-supported health facilities are harmonized with and support the work being done in the referral systems. The UAS coordinator from Saint Michel, the DSA intervention zone coordinator, priority zones administrators from Grande Saline, and the nurse-manager of the CAL Marmelade all attended the QI coaching training; the four UAS field coordinators also participated in the first MWM training.

Over the reporting period, SSQH-Nord conducted site supervision visits at 29 facilities in the Artibonite department. Project staff used the quality checklist to evaluate the quality scores of the CAL Bérée de Drouin, Dispensaire de Lalomas, Dispensaire Camathe, Dispensaire de Bas de Sault, Dispensaire de Célio, the CAL Raboteau, the CSL Deschapelles, the CSL Liancourt, the CSL Bastien, and the CSL Tienne.



Training session on QI collaboratives led by SSQH-Nord.

The QI advisor also assisted site staff in developing an infection prevention and MWM plan. As a result, all sites within the UAS of Marmelade and Dessalines now have MWM plans in place; five of the seven sites within the UAS of Gonaïves, and one of the five facilities located in the UAS of Saint Marc have also completed MWM plans, with the rest scheduled for completion in second half of Year 2.

In collaboration with the coordinator of the UAS of Marmelade, SSQH-Nord planned and executed eight community meetings for the PPS in Saint Michel de l'Attalaye. The purpose of these meetings was to involve local leaders in the continuous quality-improvement initiative at these sites.

Objective 3: facilitate sustainable delivery of quality health services through the institutionalization of key management practices at the facility and community levels

SSQH-Nord's support will enhance the quality of primary health care and will assist project sites in establishing MSPP's integrated service model. The model's focus is on strengthening the content of care (what care is being

provided), the processes of care (how the care is being offered), and the management support systems necessary for optimal and efficient service delivery. Training is one mechanism to improve performance of health workers and front-line managers, but will not lead to improved quality of care by itself. Support to integrate these newly acquired skills into the day-to-day tasks of health workers is essential and is a major focus of CQI. Another focus of CQI is regular supervision and assistance to improve compliance with standards.

The project's strategy to improve and sustain quality health services is anchored around:

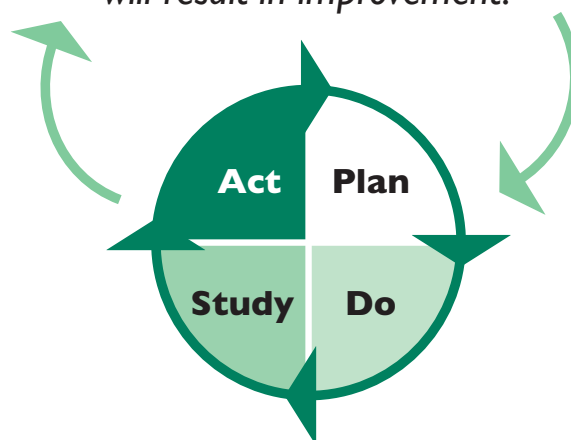
- ✎ Generating a solid understanding of the basic concepts of CQI;
- ✎ Facilitating improvement collaboratives in order to accelerate mutual learning and progress for priority primary-care interventions;
- ✎ Clarifying and reinforcing management support and oversight for quality functions at health facility, district, and departmental levels.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



Key results and achievements

IR 3.1 Quality improvement mechanisms implemented in all project sites

Summary of achievements

- 🔗 Conducted site supervision and TA visits and developed a health service recovery/QI plan for 33 PPS
- 🔗 Conducted a training session on coaching of QI concepts and practices for DDS managers of the Nord and Artibonite departments
- 🔗 Collected and analyzed data from sites participating in the AMTSL/EmONC collaborative according to the M&E plan
- 🔗 Conducted site visits and verified collaborative data from the CAL Ouanaminthe, the CSL Bois de Laurence, the CSL Bérée de Drouin, the CAL Borgne, and Hôpital Notre Dame des Palmistes
- 🔗 Ensured the monitoring and follow-up of established QI teams of project sites
- 🔗 Ensured the monitoring and follow-up of action-plan development focused on infection prevention, waste management, MCH and overall management
- 🔗 Provided support in the development of 33 QI plans
- 🔗 Planned 14 community meetings on QI within the referral systems of Saint Michel and Ouanaminthe
- 🔗 Prepared a MOU for the implementation of referral systems according to individual services.

Stakeholder Training on the QI Collaborative Approach

The first QI collaborative on MCH launched during a TA visit from Dr. Jean Nguessan, a QI specialist and consultant (subsequently Chief of Party, COP). During the short-term technical assistance (STTA) visit, Dr. Nguessan facilitated the first AMTSL/EmONC QI learning session (LS) for 20 SSQH-Nord sites to introduce the concept of QI collaboratives, provide an overview of process mapping and QI team development, and make recommendations for communication and conflict management. Over the course of the LS, participants reported a 51% improvement in self-assessed QI competency. Attendees received “homework” assignments to promote information sharing back to site staff and ongoing roll-out of QI at project sites.

Following this introductory training, Dr. Nguessan organized a training for 18 selected QI coaches from the Artibonite, Nord-Ouest, and Nord departments. Preparation for this training included consulting with multidisciplinary SSQH-Nord advisors to seek input from and promote QI integration across all technical areas, as well as a vetting of selected coaches to ensure they possess requisite skills. Through the course of the training, participants learned about the distinction between coaching and supervision, practiced coaching techniques, and developed coaching visit plans. Throughout the visit, Dr. Nguessan also worked closely with SSQH-Nord’s QI advisor to reinforce his capacity in coaching and QI concepts.

Implementation of QI plans and establishment of QI committees

To ensure continuity and quality implementation of the QI approach, Dr. Nguessan worked with the SSQH-Nord QI advisor to develop a strategy to conduct regular monitoring of QI implementation. This plan included follow-up on the action plans – which focused on infection prevention, waste management, MCH, and overall management – that each site was charged with developing. Over the reporting period, project staff conducted site supervision and TA visits to 33 project-supported sites in the Nord (10 sites), Nord-Est (10 sites), Artibonite (7 sites), and Nord-Ouest (6 sites) departments. During these visits, the QI advisor provided support to site staff as they developed individual health-service QI plans. SSQH-Nord also collected and analyzed data from AMTSL/ENC collaborative sites, in accordance with the established M&E plan; data verification was completed for the CAL Ouanaminthe, the CSL Bois de Laurence, the CAL Bérée de Drouin, the CAL Borgne, and Hôpital Notre Dame des Palmistes.

Next steps

- 🔗 Support remaining 56 SSQH-Nord sites to establish QI committees
- 🔗 Train QI committee members on QI concepts, QI collaborative approach, and orientation to various tools used in the context of CQI
- 🔗 Provide technical support via QI coaches and QI committees as sites implement activities

IR 3.2: Enhanced departmental staff skills for management and accountability of the health system

Summary of achievements

- Assessed 32 MWM indicators
- Provided financial support to organize two health-sector meetings in the Nord-Est and Nord-Ouest departments with stakeholders
- Facilitated two sessions of the three-day financial management and accounting training

Strengthening of the healthcare waste management systems through indicator assessment

Throughout the month of March, systematic integrated supervision visits were conducted at 81 out of 84 of the SSQH-Nord supported sites. During these site visits, SSQH-Nord staff assessed 32 MWM indicators covering: availability of waste separation containers, availability of latrines, availability of incinerators, availability of different water sources for hand washing, sterilization protocols, availability of sanitation materials such as gloves and masks, inventory and stock management, and whether the site has their updated MWM Plan posted on a bulletin board. Notable results include:

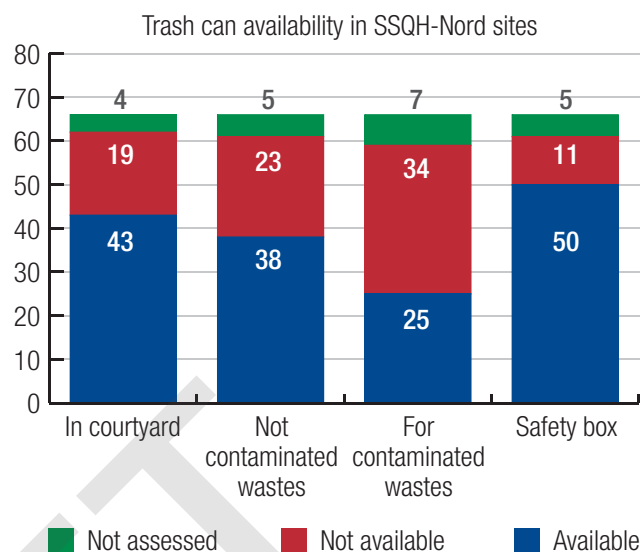
- 59% of evaluated sites separate their expired medications from their other stock;
- 60% of sites utilize the “first in/first out” method to prioritize using and selling medications based on expiration date; however, none of the sites assessed in the Nord implement that practice;
- 74% of sites have a latrine for their patients, but only 33% of sites have a hand-washing station available at the latrine;
- 11% of sites (7 out of 66 evaluated) have a functional incinerator;
- 89% of sites have clean courtyards free of needles, syringes, and other organic or medical waste; and
- 34% of sites reported having materials out of stock.

One of the key lessons learned during these supervision visits, especially in relation to these MWM results, is that in addition to providing the necessary tools to accomplish these activities, SSQH-Nord staff should support staff at each site to ensure that they use the tools correctly. (See also Management Section for more information)

Support for Health Sector meetings

Health sector coordination meetings, (*Tables Sectorielles*) are the principle mechanism for coordination with Haïti’s public sector. These meetings provide an opportunity for civil society

Figure 2: Trash can availability




and government partners to unite around a common theme, build understanding of national priorities, and foster collaboration to address shared concerns. These meetings are convened regularly by DDS staff and provide an important forum for MSPP leadership to communicate with stakeholders. During the reporting period, SSQH-Nord provided financial support to organize two of these meetings in the Nord-Est and Nord-Ouest departments.

Strengthening financial management capacity of facilities

In December 2014, the RBF team received a technical support visit from SSQH-Nord’s financial management consultant. During this visit, the consultant and RBF advisor facilitated an RBF work meeting with representatives from the DSN. The consultant also worked with the RBF team to adapt training modules for the financial management and accounting training held the following month.

In January 2015, the SSQH-Nord RBF team facilitated two sessions of the three-day financial management and accounting training. Sites participating in Group 1 (January 7–9) were: Hôpital Fort Saint Michel, the CSL CMC Dugué, the CSL La Fossette, HBP, the CAL La Victoire, the CAL Ranquitte, the CAL Borgne, and the CSL Petit Bourg de Borgne; Group 2 (January 13–15) included: Dispensaire de Camp Louise, Dispensaire de Tovar, Dispensaire de La Bruyère, Dispensaire de Grison Garde, the CSL Nativité, the CSL Pillatre, the CSL Dondon, and the CAL Saint Raphael. Training content covered the basics of sound financial management, such as handling revenues and



expenses, managing petty cash, the importance of maintaining proper supporting documentation, and implementing internal controls. The trainer also introduced samples of key accounting tools, like expense forms, bank statements, deposit slips and petty cash reconciliation forms, demonstrating their use to promote proper implementation at sites.

Next steps

- 🔗 Conduct site supervision visits to insure proper follow-through and monitoring of MWM activities
- 🔗 Continue to finalize the MWM plans received from 23 sites
- 🔗 Transfer management of the PFM tasks to subcontractor Abt Associates and hire a mid-level staff member to take on that work.

Objective 4: Strengthen departmental health authorities' capacity to manage and monitor service delivery

Reinforcing the MSPP is the crux of the SSQH–Nord project and transects each objective. The project is built around exporting the concepts of multi-level quality- and team-based management. This translates to the field level through the upgrade of health services and the training and support of providers and staff to furnish better care and build the health system. The same approach is being applied at the departmental level to improve health system management and instill a culture of quality. Many activities described under other objectives overlap here as well. In Year 2, support to the DDS included integrated supervision visits, pilot testing of *CommCare*, and collaboratives to improve facility-level management and organization of activities.

Key results and achievements

IR 4.1: Improve management skills and use of management tools at Departmental level

Summary of achievements

- 🔗 Signed departmental MOUs with each DDS formalizing continued collaboration with SSQH-Nord
- 🔗 Analyzed and reinforced PDIs and related action plans in collaboration with representatives from all four DDS

Finalized DDS Work Plans and MOUs

Each department submitted a budget corresponding to a detailed work plan for October 1, 2014 – September 30, 2015 prior to approval of the departmental MOU. During the development of these work plans and budgets, the SSQH-Nord team held an extremely productive meeting with the department heads, where they discussed their previous relationship with Management Sciences for Health, notably the importance of having an accountant seconded full time to each department to facilitate hundreds of small transactions for low-cost, high-impact activities each month. The directors were blunt about their budget constraints and lack of capacity to support such activities themselves, reinforcing the importance of SSQH-Nord collaboration and support. This conversation was the basis for the decision to hire the accountants currently collecting timesheets and verifying MSPP payroll under the PADF subcontract and place them at each department to optimize their performance and reinforce best practices for financial management.

IR 4.2: Enhanced departmental staff skills for supportive supervision of quality health services

Summary of achievements

- 🔗 Conducted 13 joint site-supervision visits with DDS representatives
- 🔗 Organized a training session regarding coaching of QI concepts and practices for DDS managers of the Nord and Artibonite departments
- 🔗 Furnished logistical support to enable supervisory visits

Joint supervisory site visits with departmental representatives of the MSPP

A large-scale site-visit effort was undertaken in March, 2015, when SSQH-Nord visited all 84 facilities. These were both supervisory/coaching site visits as well as data validation visits. DDS representatives were invited to participate. Several of them joined and found the visits to be very useful. The project aims to continue these joint site visits with the goal that the DDS eventually will lead them themselves, routinizing site supervision at the department level.

Logistical support for supervisory visits

The limited availability of vehicles and drivers at MSPP represents a blockage to regular supportive supervision. On

multiple occasions, SSQH-Nord provided drivers and vehicles from its own fleet to conduct field supervision with MSPP staff.

IR 4.3: Enhanced departmental staff skills for monitoring

Summary of achievements

- ✔ Completed joint visit with the HIV program coordinators and DDS M&E teams to strengthen the capacity of departmental health authorities to manage and monitor service delivery
- ✔ Facilitated TA and coaching for the Nord-Est department on the index calculation tool for RBF premiums, in collaboration with the World Bank RBF pilot

Supervisory site visits with department level M&E teams

During the sites visits to the 84 clinics in the SSQH-Nord intervention area, the project team reached out to the sites' M&E teams to engage them in the data collection and validation process. This served to assist the site M&E teams to understand current performance levels and targets and how and why data was collected, sharing the site supervision tools that were being adapted to collect performance data.

Support to the departments for the development of dashboards

Dashboards have been conceptualized and shared with TB and HIV service centers. However, the dashboard, with graphics representing project performance, is still under development and is anticipated to be completed in the second half of Year 2. A workshop will analyze the results of the referral networks and/or the departments.

Collaborate with Futures Group and other stakeholders on M&E

Conversations are still in progress with Futures Group for the forthcoming DHIS2 data upload from USAID/Haiti implementing partners. SSQH-Nord awaits next steps from Futures.

IR 4.4: Technology solutions for improved management introduced

Summary of achievements

- ✔ Developed package of Creole-language training materials for mHealth pilot users and project facilities
- ✔ Trained on and pilot tested the mHealth application at Borgne and Petit Bourg de Borgne with 28 users
- ✔ Launched field implementation of the mHealth application at the Borgne and Petit Bourg de Borgne sites
- ✔ Trained the new mHealth advisor on the CommCare platform and management of mHealth project implementation
- ✔ Established a bank account with Scotiabank to facilitate the implementation of a Tcho Tcho mobile-money program

Develop technology-based mechanisms to improve health services

During this reporting period, a mHealth advisor was successfully recruited, with support from Dimagi, who identified strong applicants. Trainings were then conducted to familiarize the new advisor with the mHealth application, the *CommCare*



CHW receives training on use of CommCare application.



platform, and implementation of a mHealth project. With technical guidance from Dimagi, the SSQH-Nord team was able to procure the appropriate mobile devices and SIM cards.

In preparation for the March pilot launch, Dimagi remotely developed training and support materials. The pilot site was at Borgne commune, and the launch occurred at both Borgne and Petit Bourg de Borgne health facility sites. This process involved a one-day training session for CHW supervisors and facility staff, a four-day training session for CHWs and three weeks of field support and monitoring. The expansion of mHealth to additional CHWs will allow the M&E team to more easily access community-service-delivery data captured through the mobile device.

In conjunction with the Dimagi team, URC developed a MOU with Pathfinder (SSQH-Centre/Sud) on content sharing of the mHealth system. Dimagi also held remote and in-country meetings to develop new content on logistics and GBV. Increasing mHealth coordination between URC and Pathfinder will better align the content of the two programs, working closely with Pathfinder's mHealth team.

Next steps

- ✎ Develop and finalize content for the application, including:
 - GBV & Child Protection
 - Logistics (as needed)
 - Review and finalize other application content (MCH and FP)
 - Supervisor application
- ✎ Organize a Training of Trainers (TOT) to facilitate scaling up the mHealth intervention in September 2015
- ✎ Continue full scale up (including content) to 400 CHWs in the Nord-Est and Artibonite departments
- ✎ Coordinate a mHealth working group with SSQH Centre Sud, ideally in partnership with MSPP

4 Monitoring & Evaluation

M&E is an integral part of SSQH-Nord project activities, both to demonstrate that the project is being implemented as planned and to verify that activities positively impact the health of the Haitian population. In addition to supporting the project's key M&E-system goals, SSQH-

Nord also provides M&E support to project sites and partners (both government and NGO) to improve national data quality and use. The project has focused on strengthening its M&E system and team over the first half of Project Year 2, in spite of the unfortunate resignation of the M&E specialist during the second quarter.

Key results and achievements

Summary of achievements

- ✎ Revised the project performance monitoring plan (PMP) to incorporate challenges and successes from the first year of the project in addition to new USAID required indicators
- ✎ Submitted PEPFAR Annual Performance Review (APR) on time and USAID provided positive feedback
- ✎ Strengthened the M&E team with a third M&E technical advisor
- ✎ Synchronized database with the draft project website
- ✎ Developed and/or implemented M&E tools for integrated site supervision
- ✎ Increase in on-time report submissions from the facilities

Approved revision of project PMP

The project PMP was revised in the first half of Project Year 2. This update was conducted in conjunction with USAID to include changes in Project Years 2 and 3 targets based on Year 1 results, remove or revise indicators that did not accurately measure project progress or results and new indicators required by USAID for reporting. The updated PMP was approved by USAID on March 16th 2015.

Lauded APR results

The APR for the PEPFAR-funded component of SSQH-Nord were submitted to USAID on time and with high quality. USAID provided very positive feedback on the report, for both results and quality, and shared that the SSQH-Nord figures increased the overall average achievement for Haiti's reporting.

Strengthened team capacity

Based on the number and complexity of indicators included in the PMP, SSQH-Nord recognized a need for an additional

M&E technical advisor to support the project. The advisor was hired and on-boarded at the start of the reporting period and has been fully integrated into project activities.

Completed first stage of web-enabled database

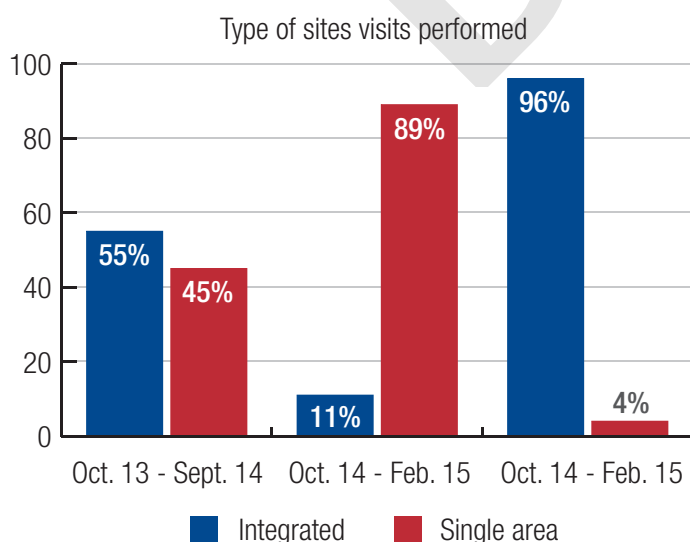
The first stage of the web-enabled database was completed. The preliminary project database, including the site profile, population estimates, baseline data, and HIV and MCH monthly data, was synchronized with the draft project website.

Development and/or implementation of M&E tools

Integrated site supervision tool developed and implemented in all 84 sites




The technical and monitoring and evaluation teams worked together to develop and implement an integrated site-supervision tool. This integrated tool allows for site visits to be more efficient, saving both human and financial resources. It also standardizes the way in which site visits are conducted. This allows for comparability of successes and needed improvements across sites and will create a platform for more streamlined knowledge sharing. The tool was implemented in all sites before the end of the reporting period. Data will be analyzed at the beginning of the next reporting period and action plans will be developed for improvement. Figure 3 below demonstrates the increase in integrated site visits since the launch of the project. Figure 4 demonstrates two of the tools developed for the integrated site visits.

Figure 3: Change in proportion of integrated site visits from October 2013 to March 2015



SSQH-Nord standardized the tool and system used for collecting data from trainings conducted or funded by the project. The tool was developed and revised to ensure data quality checks and facilitate data entry into TraiNet.




Figure 4: Integrated site visit reporting forms

Fiche de rapport de visites de terrain

1. Type de visite (Précisez) :
2. Date de la visite précédente :/...../ 2015
3. Date et lieu de la visite :/...../ 2015 au
4. Type institution et catégorie de l'institution / Département :
5. Heure de début / fin : ...H.....m / ...H.....m
6. Rédacteur/s du rapport :
7. Date de soumission du rapport :/...../20...
8. Rapport soumis à (Chef d'équipe ou Directeur technique) :
9. Objectifs de la visite :
 -
 -
 -
10. Résumé des objectifs atteints :
 -
 -
 -
11. Personnel de SSQH-Nord (Nom et fonction) :
 -
 -
12. Personnel de MSPP (Nom et fonction / Écrivez NEANT le cas échéant) :
 -
 -
13. Personnel des autres institutions (Nom / Écrivez NEANT le cas échéant) :
 -
 -
14. Personnes rencontrées¹ sur site (Précisez les noms et fonction de 4 à 5 personnes rencontrées sur le site / Écrivez NEANT le cas échéant) :
 -
 -
 -
15. Autres personnes rencontrées (Noms de personnes rencontrées hors site, ayant un intérêt pour SSQH / Écrivez NEANT le cas échéant) :
 -

Fiche de Visite de Terrain... Projet SSQ Haiti Nord | 1

FICHE TECHNIQUE POUR VISITE DE TERRAIN

Cet outil sert à assurer les activités techniques lors des visites de terrain. Il peut être utilisé pour les supervisions, l'évaluation et l'assistance technique à apporter aux sites.

Domaines techniques visités	
Nom de l'institution visitée	
Type d'institution (Cochez svp)ZCNGO
Date de la précédente visite, (j/mois/an)/...../.....
Date de la visite, (j/mois/an)/...../.....
Type de visite	Supervision.....Évaluation.....Coaching.....Autres (préciser).....
Nom des membres de l'équipe de la visite (Chef de mission)	Affiliation (SSQH, MSPP, Autres)
Noms des responsables du site (Chef du site)	Fonctions
Nom des responsables des domaines techniques	Domaines techniques

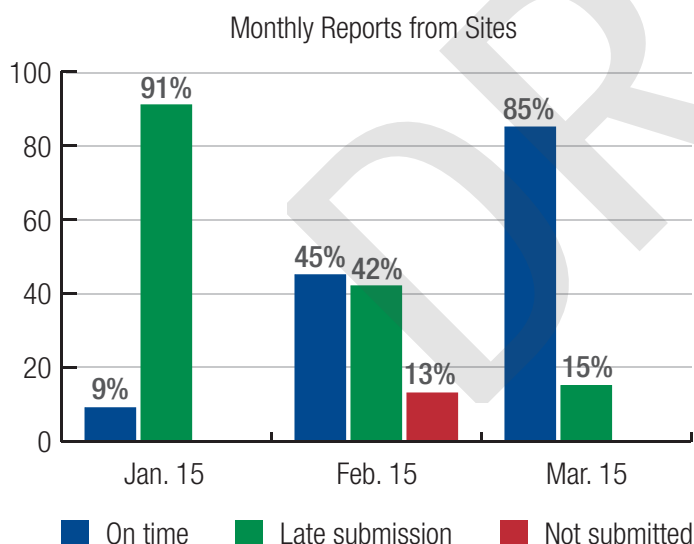
Implementation of the MSPP quality checklist at all project sites

The MSPP quality checklist was implemented in all 84 sites and two rally points in the first year of the project, as a part of the baseline assessment. The checklist continues to be used routinely during site visits to measure progress at each site in accordance with the quality standards defined by the MSPP. Data has been collected and reported during this reporting period and will be shared with the sites to create improvement plans and monitor site progress.

Improved site-level reporting

Over the past year and a half, receipt of timely monthly reports from facilities has proved challenging, for reasons ranging from lack of understanding of the importance of timely reporting to availability of qualified staff. As a result of the recent supervisory site visits, which including data validation and coaching on the importance of data submission, report submission rates following the visits improved significantly. See Figure 5 below for results.

Figure 5: Facility-level reporting from January to March 2015



Next steps

- ✎ Incorporate new reporting tools into the project-specific database
 - Launch the web-enabled database, initially using some of the old reporting formats and providing training and access to updated formats. SSQH-

Nord will continue to coach sites to ensure that M&E reporting improves, in relation to providing accurate and timely data.

✎ Challenging indicators

- In the first year of the project, SSQH-Nord was not able to report on a few of the project indicators because they were difficult to measure using the current government reports or did not reflect project activities. As stated above, based on these challenges, the PMP was revised and approved by USAID. SSQH-Nord will work to streamline reporting over Project Year 2 to ensure the ability to report on all required indicators.

- ✎ Conduct an M&E workshop with project sites to improve use and understanding of M&E tools and data

5 Project Management

Partnerships and collaborations

Summary of achievements

- ✎ Signed a MOU with Pathfinder on mutual use of CommCare applications
- ✎ Launched mothers' and youth's clubs, in collaboration with the Caris Foundation
- ✎ Trained 12 health providers on sample collection for PCR tests, in collaboration with the Caris Foundation through its BEST project
- ✎ Developed a joint action plan with PrevSida to implement testing, outreach, referral and enrollment activities for key populations in HTC sites supported by SSQH-Nord
- ✎ Co-developed staff training modules on financial management and administration for health facility management with the Health, Finance and Governance Project (HFG)
- ✎ Developed a financial and administrative supervision manual that is being reviewed by HFG and MSPP prior to adoption as national standard
- ✎ Collaborated with Leadership, Management and Support (LMS) to facilitate several training sessions on contraceptive product quantification in the four DDS and to coordinate the supply of FP commodities.

For extensive detail on SSQH-Nord partnerships and collaborations, see Appendix 5: Partnerships and Collaborations.



Compliance with USAID environmental procedures

Summary of achievements

- 🔗 Led an emergency response to a cholera outbreak in La Tortue
- 🔗 Coordinated with SCMS to provide HIV pharmaceuticals stock and inventory management trainings at nine sites in March
- 🔗 Assessed MWM procedures at 66 out of 84 sites during a series of systematic, integrated supervision visits in March
- 🔗 Received twelve (12) MWM Plans, for a total of 23 plans received to date

Emergency Cholera Response

SSQH-Nord currently supports six health institutions in La Tortue, including two dispensaries and four clinics, to improve primary health care. The lack of basic water and sanitation infrastructure makes La Tortue particularly vulnerable to waterborne diseases such as cholera, as does the population's lack of access to adequate health facilities. Amid an increasing number of reported cases of cholera on the island—from 3 in October, 2014, to 17 by early January, 2015—SSQH-Nord quickly took action. With support from USAID for supplies and the collaboration of the *Département Sanitaire du Nord-Ouest* (DSNO) and local partners, SSQH-Nord rapidly mobilized to distribute hygiene kits that included soap, chlorine bottles, Aquatab tablets, water jugs, and buckets to ensure that local residents could protect themselves through hand washing and by purifying and safely storing water. A total of 423 families benefitted from this activity.

Since mid-January 2015, DSNO Ministry of Public Health and Population officials have noted a sharp decrease in the number of reported cases and patients hospitalized for cholera in La Tortue. In February, no new cases or hospitalizations were reported on the island.

MWM Indicator Assessment

In March, systematic, integrated supervision visits were conducted at 81 of 84 SSQH-Nord-supported sites. SSQH-Nord staff assessed 32 MWM indicators, measuring: availability of waste separation containers, availability of latrines, availability of incinerators, availability of different water sources for hand washing, sterilization protocols, availability of sanitation

materials such as gloves and masks, inventory and stock management, and whether the site has their updated MWMP posted on a bulletin board. More details on this assessment are available in IR section 3.2.

Support to MSPP and NGOs

Summary of achievements

- 🔗 Signed MOUs to open field offices with Artibonite, Nord-Est and Nord-Ouest DDS
- 🔗 Successful and timely payment of 935 MSPP vendors
- 🔗 Extension of NGO subcontracts through the second project year

Field Offices

In order to encourage closer and more consistent collaboration with the DDS, the SSQH-Nord team decided to establish field offices in the Artibonite, Nord-Est and Nord-Ouest departments, with the central SSQH-Nord office in Cap-Haïtien serving as the “field office” for the Nord department. In Artibonite and Nord-Ouest, the office space will be provided by the DDS, and in the Nord-Est, SSQH-Nord will be sharing office space with subcontractor FOSREF. These MOUs were developed by the field and home office teams and reviewed and signed by the directors of each DDS. Each field office will be equipped with basic office necessities, and staffed by four individuals: a field coordinator, a community facilitator, an accountant, and a driver. The benefits of having this staff immediately available at the departmental level are manifold: reduced costs of monitoring visits, more frequent communication with partners at each department, greater efficiency in handling each department's operational costs, increased awareness of the status and progress of each site.

The necessary materials and equipment for each office have been procured and are ready for immediate deployment, once the final two field coordinators have been hired.

Payments of MSPP Vendors

Between October 1 and March 31, SSQH-Nord successfully executed payment to 935 contractual MSPP staff who were carried over from the predecessor project. URC manages this activity with PADF, which provides the on-the-ground network of accountants and verification staff, collects the documentation, and implements the logistics of payroll disbursement.

In November, 2014, SSQH transferred support from *Centre de Santé Eben Ezer* to *Centre de Santé Pont Gaudin* in the Artibonite department, at the behest of the Artibonite Health Director. This required the onboarding of twenty new service providers, who had been supporting the department's programs at that health center since May 2014. These retroactive payments were made on December 24, 2014. For each service provider to be paid, a robust process of review and verification had to take place. The accountants first collected a copy of the contractors' government-issued identification card *in person* to establish a workforce baseline and to confirm the contractors' roles and job requirements. The contractors' names were then run through the SAM.gov database. No results were found, and the contractors signed their contracts and were instructed on how to complete their timesheets and informed of the schedule for monthly collection of timesheets. Payment is only issued upon receipt of a complete, signed, approved timesheet. For the first payment, every contractor was paid in person, with a physical check, as an added measure of security and assurance that the contractor was not a "ghost employee." The contractors signed a voucher to indicate that they had received the accurate salary and the accountants collected information about the service providers' preferred method of compensation (either mobile money or direct bank transfer). All subsequent payments were made through this specified method.

Despite many challenges of transportation, record keeping and communication in the northern departments, URC, both through its field office and headquarters team, works with the MSPP and their departmental staff on monthly changes, such as salary increases and credentialing, staff turnover, signing of vendor agreements, and responding to almost-daily MSPP questions and concerns. In the event that any contractor replaces another, the DDS informs URC via PADF that the contractor has vacated their post and requests approval for the service provider who will be replacing them. For each requested staff change, the accountants:

1. Identify the outgoing staff and verify the date he/she left their position (to prevent overlap if retroactive payment is requested);
2. Verify the last salary of the outgoing staff to ensure the same salary level is maintained;
3. Verify the PPS to which the new staff member was assigned;
4. Check that PADF and URC have a copy of the new staff member's assignment letter;

5. Complete the validation and verification of employment status, as described above.

By March 31, all payments were up to date, compliant and completed through electronic banking methods. For the direct bank deposits, PADF uses Digicel to send the following text message, informing contractors that their salary was deposited to their bank account: « *Lajan travay ou pou mwa desanm nan depoze sou kont ou labank. Mesi.* » (*The money for your work has been deposited in your bank account. Thank you.*)

Extension of NGO Subcontracts

Consent to subcontract with the eight NGOs supported by SSQH-Nord was received on October 23, 2014, for the performance period of October 1, 2014–September 30, 2015. The second modification of those subcontracts, reflecting the new period of performance, also reflected a revised deliverables list and payment schedule (see below). Instead of receiving narrative, statistical and financial reports each month, and requiring the receipt and approval of each of those deliverables for payment, the six-month payment schedule was revised to a 30%-35%-35% basis. Statistical reports continue to be submitted monthly, but the narrative reports are now submitted and reviewed quarterly.

PAYMENT AMOUNT	ESTIMATED DATE	%	DELIVERABLE
HTG XXX	Before or on December 16, 2014	30	Accepted Work Plan
HTG 0	November 10, 2015	0	Approved Monthly Statistical Report for October, 2014
HTG 0	December 10, 2015	0	Approved Monthly Statistical Report for November, 2014
HTG XXX	January 10, 2015	35	Approved Monthly Statistical Report for December 2014 and Narrative Report
HTG 0	February 10, 2015	0	Approved Monthly Statistical Report for January, 2014
HTG 0	March 10, 2015	0	Approved Monthly Statistical Report for February, 2014
HTG XXX	On or Before March 31, 2015	35	Approved Monthly Statistical Report for March, 2015, and Final Narrative Report

The NGO budgets were reduced by 5% for cost savings as well as to increase financial efficiency and dedicate funds to a wider range of project activities. The NGOs will be monitored closely and their performance evaluated, with an aim to establish a more performance-based payment system for each of the NGO subcontracts.

Staffing

Summary of achievements

- 🔗 New SSQH-Nord COP identified and approved by USAID
- 🔗 Key technical positions filled
- 🔗 Financial management team strengthened with departmental-level accountants
- 🔗 Restructuring of technical teams (see new org. chart)

Dr. Nancy Fitch, a physician as well as an expert in RBF, joined the team in October. She resigned on March 1st, at which time a new COP was promptly identified and submitted for approval to USAID. Dr. Jean Nguessan, a quality improve-

ment expert, was approved at the end of March and immediately began in his new role as COP.

The project's Monitoring and Evaluation Director, Dr. Guy Marcel Craan, resigned in mid-February; the team began the recruitment process immediately, and by the end of March had already identified several candidates for interview.

Several positions were filled and on-boarded during this reporting period: communication and knowledge management specialist, monitoring and evaluation advisor, mHealth advisor, two community facilitators, two regional coordinators and four field accountants.

For more details on staffing, see below (Appendix 3: SSQH-Nord Organization Chart).

Short and long-term technical assistance

It should be noted that SSQH-Nord dramatically decreased the STTA from last reporting period to this, focusing efforts on supporting the COP and the technical team on implementation of contractual activities.

NAME	POSITION	DATES	PURPOSE
Hannah Hoover	Consultant	Oct 1 (through April 30)	To provide support to the community mobilization team, including but not limited to GBV and child protection activities and the development of a social and behavior change communication strategy. Funds provided under contract AID-521-C-13-00010.
Jean Nguessan	Consultant	Oct 18–Nov 8	To train coaches in quality improvement collaboratives and assist in the launch of the collaboratives. Funds provided under contract AID-521-C-13-00010.
Yann Derriennic	Principal Associate, Health Systems and Financing, Abt Associates	Nov 8–14	To provide the SSQH-Nord team with technical and strategic support on RBF, including the development of key documents. Under Subcontract Agreement Number: FY14-S11-6012-Abt
Jean Nguessan	Consultant	Jan 5–March 25	To provide support to the COP and the improvement collaboratives. Funded through Contract No. AID-521-C-13-00010
Amy Cooper	Field Manager, Dimagi	Feb 25–Mar 21	To orient and train the new mHealth Advisor and support the launch of the project's first mHealth pilot. Funded through Subcontract Agreement No. FY14-S14-6012-Dimagi.



Communication and Knowledge Management (KM)

Summary of achievements

- ↻ Recruited a communication and knowledge management (C&KM) specialist to manage relevant activities
- ↻ Launched the development of the project website;
- ↻ Developed tools and processes for internal knowledge and information sharing.

SSQH-Nord successfully recruited a new C&KM specialist, who joined the project technical team in mid-February 2015. The C&KM specialist is responsible for coordinating internal communication efforts and ensuring continuity of external communication with key stakeholders, including USAID, MSPP, directors and personnel of project-supported institutions, beneficiaries of health care services, and the general public. In the area of knowledge management, the specialist supports the building and implementation of a knowledge management strategy, with the objectives of transformational change through replication of outcomes and lessons learned from project-supported activities.

Branding and Marking

SSQH-Nord continues to ensure adherence to the project's branding and marking plan approved in April, 2014, by USAID. In accordance with that plan, documents, technical materials, and communication tools prepared for the project by URC and its subcontractors are submitted to USAID/Haiti Contracts Office Representative for review and authorization for publication and distribution.

During supervision visits, project staff also verified the existence of USAID SSQH-Nord signage at supported facilities. SSQH-Nord will continue to ensure the display of signage to promote visibility of USAID's continued support at each of the supported sites.

Project Website

SSQH-Nord has developed a comprehensive information-sharing approach to enhance program implementation, promote transparency and accountability of results, and create opportunities for dissemination of technical information. A major component of this approach is the creation of a project website. SSQH-Nord received clearance from USAID on April 30, 2014 to begin development of the public site. Following this approval, SSQH-Nord selected—through an open call

answered by ten web-development vendors—and signed a purchase order with Confluence on September 18, 2014.

Work began on the website in October, 2014. Emphasis was placed on delivering a site that is fresh, innovative and user-friendly. French was selected as the primary site language and the Haitian flag served as the basis for the site's color code. The design and development of the website was carried out in consideration of low-bandwidth limitations in Haiti.

The SSQH-Nord website will feature the following sections:

- ↻ **About** (*A propos*) will provide a general presentation of SSQH-Nord and project partners and feature project success stories and a page for employment opportunities
- ↻ **Project Components** (*Composants du projet*) will include topic-specific pages on: results-based financing; service delivery; continuum of care; management, monitoring and supervision; quality improvement; collaboration and partnerships
- ↻ **Project Sites** (*Sites d'intervention*) will feature a presentation and map of the four different types of supported sites—CAL, CSL, Dispensaires, and Hospitals—and rally post community service points;
- ↻ **Project Data** (*Données du projet*) will feature the Data Hub, which will comprise data from all major project data sources. This will serve as a primary communication vehicle to disseminate key information that will also be used to monitor project progress, ensuring the project is on track to achieve its objectives;
- ↻ **News** (*Actualités*) will include project updates, photos and press kits;
- ↻ **Contact** (*Contact*) will feature contact information for the SQH-Nord office in Vertières, Cap-Haïtien, Nord partment (e.g., mailing address, main telephone numbers, and organizational email address).

SSQH-Nord has procured the www.ssqh-nord.com domain for the website. The URL is currently redirecting to the project description on URC's website until the launch of the stand-alone site. SSQH-Nord expects to share the website with USAID for approval in May, 2015.

Outreach

In order to better engage and inform stakeholders, including supported sites, CHWs, and partners, of the work carried out by SSQH-Nord, the project is in the process of developing appropriate and creative outreach materials, including



USAID | **HAITI**

SSQH-NORD
SERVICES DE SANTÉ DE QUALITÉ POUR HAÏTI-NORD

Services de Santé de Qualité pour Haïti-Nord

Un soutien de l'USAID pour améliorer la qualité et l'accessibilité des services de santé dans le Grand Nord

Le projet SSQH-Nord intervient dans les départements d'Artibonite, Nord, Nord-Est et Nord-Ouest, couvrant une population estimée à 1 635 000 habitants. University Research Co., LLC (URC) est l'exécutant principal du projet en collaboration avec un consortium d'ONG locales et internationales.

www.ssqh-nord.com



Promotional poster created to increase visibility of SSQH-Nord.



4 grands objectifs pour soutenir le Ministère de la Santé Publique et de la Population (MSPP)

- ⌘ Augmenter l'utilisation des services de santé de base, surtout en milieu rural ou isolé
- ⌘ Améliorer le fonctionnement des réseaux de référence et de contre-référence soutenus par le gouvernement Américain
- ⌘ Faciliter l'offre durable de services de santé de qualité à travers l'institutionnalisation des pratiques de gestion éprouvées
- ⌘ Renforcer la capacité des autorités sanitaires départementales en gestion et suivi de la prestation des services de soins

community-based organizations and CHWs. Effort is also focused on developing tools to promote GBV and CP awareness in supported sites and surrounding communities.

Knowledge Management

In the reporting period, SSQH-Nord adopted several tools and activities to facilitate knowledge sharing among project personnel, including:

- ⌘ Weekly internal email blast with the week's main activities, outcomes, and challenges, as well as planned activities for the subsequent week and important dates. This type of communication allows for all SSQH-Nord personnel (main office and field units) as well as URC collaborators to remain abreast of project developments;
- ⌘ Regular technical-personnel briefings and post-activity debriefings to discuss performance of project sites (based on data collected and evaluation during site visits) and conduct assessment of programmatic and technical implementation;
- ⌘ Centrally-located, large-format wall charts to facilitate tracking of project performance indicators and ensure visibility of outcomes among the entire staff; and
- ⌘ Strategically placed bulletin boards for displaying administrative updates and technical information (i.e., graphic reports).

In the latter half of Year 2, emphasis will be placed on further developing SSQH-Nord's knowledge management strategy and reinforcing existing KM activities. This will include increasing the development and dissemination of project communication materials, such as success stories, technical briefs and quality improvement collaboratives' "knowledge nuggets" and lessons learned.

informational posters, brochures, flyers and goodies (e.g., t-shirts for specific campaigns). Emphasis is placed on: (1) visibility of SSQH-Nord's role in supporting the MSPP in improving quality health services in the four northern departments, including project objectives, developments, key messages and opportunities; 2) promoting awareness of relevant health issues.

Two informational posters presenting the project SSQH-Nord—with French and Haitian Creole-language versions—were created and submitted to USAID for approval. SSQH-Nord's C&KM specialist is currently working with the community mobilization coordinator to review and adapt outreach materials in order to facilitate communication with

6 Implementation Challenges

CHALLENGE	ACTION
Sustaining the motivation and buy in of RBF staff despite delays in premium payment mechanisms and the launch of the strategy.	Work with identified sites to increase their capacity in public financial management, development of business plans and improvements in quality in preparation for the rollout of the RBF.
Countrywide stock outs in vitamin A supplement and vaccines.	Reallocate resources to affected sites.
Delay in the distribution of MSPP's referral/counter-referral forms.	Follow up with partners to identify why this is occurring. Leadership, Management and Governance (LMG) program will disseminate the forms to SSQH-Nord site once approved by MSPP.
Decrease in PEPFAR funding, affecting financial access to care for HIV-positive patients.	Explore strategies to improve access, such as peer-educator distribution of ARV at the community-level.
Difficulty enforcing quality data management and timely reporting.	Collaborate with Disease Reporting Officers (DRO) to address the problem, including regular M&E site visits for data verification and validation, coaching personnel on best practices for reporting, and continuing quarterly trainings for data managers.
Lack of availability of CD4 count and viral-load-test devices.	Reallocate testing equipment to affected sites and request new CD4-count devices for centers of excellence.
Lack of HIV tests in 28 of the 46 SSQH-Nord-supported TB sites.	Conduct trainings on HTC techniques and ensure supply of HIV commodities via a system of satellite sites.
Delay in the activation of certain sites due to pause in minor, but critical, renovations overseen by numerous institutions.	Collaborating with the MSPP and other USAID-funded projects to identify necessary resources for these renovations.
Lack of alternative financing for health centers that are merging their HIV activities with underperforming sites, so they can continue to provide other health services to their catchment population.	Ongoing discussions with DDS to plan strategies to address this concern.
Absence of an infection-control plan, logistical means, and difficulty of access inhibits quality control at SSQH-Nord-supported TB sites.	Organize site visits with departmental laboratory technicians to collect test slides and develop an infection-control plan with CDT sites that provide TB services.
Perception of psychosocial support staff that assessment and treatment of GBV cases is an additional task.	Raise psychosocial support staff awareness of the importance of treating GBV and CP for the wellbeing of the population.
Detection of TB, including multidrug-resistant TB, with GeneXpert is not yet available in Artibonite and Nord-Ouest departments.	Coordinate with SCMS to provide the machine in Nord-Ouest while completing the training for Artibonite.
Repeated disruptions in supply chains across the country, including essential supplies, vaccinations, and penicillin; nearly 40% of SSQH-Nord sites have experienced shortages in at least one commodity.	Additional support for the use of stock management tools, performing regular inventories, and employing the First In, First Out method. Coordination with partners to address disruption in national supply chain.
Lack of adequate infrastructure and standardized supply-chain system complicate logistics and commodities management for SSQH-Nord sites.	Conduct periodic supervisory and monitoring visits to ensure ongoing adherence to best practices managing stocks.
Inconsistent reporting methods to MSPP.	Incorporate new reporting tools into the project web-enabled database, launch at sites using old reporting formats and train staff on how to use the new system.
Receiving timely and quality data for M&E analysis.	Update PMP and streamline new indicators into Project Year 2 activities. Contact site administrators and DDS to expedite this process.



7 Appendices

Appendix 1: Success Story 1

Appendix 2: Success Story 2

Appendix 3: SSQH–Nord Organizational Chart

Appendix 4: Progress Against Project Results

Appendix 5: Partnerships and Collaborations

DRAFT

Appendix 1: Success Story 1

Making a difference in the lives of HIV+ mothers and their children *Ensuring access to HIV testing and PMTCT services for pregnant women in Haiti*

Marie* is 20 years old, a mother of two, and living with HIV. She was diagnosed with Stage 2 HIV during her first pregnancy, an especially devastating diagnosis given the additional risk to her unborn child. Marie first came to the Centre de Santé (CDS) La Fossette health center in Cap-Haïtien at 17 years old, 16 weeks into her pregnancy and complaining of symptoms of a urinary tract infection (UTI). In addition to being treated for the UTI, she underwent routine HIV testing, along with pre- and post-test counseling. Once Marie's HIV-positive status was diagnosed, the staff at CDS La Fossette immediately enrolled her in the prevention of mother-to-child transmission (PMTCT) program, where she received same-day prenatal HIV treatment, as recommended by national guidelines.

Thanks to the intervention of the PMTCT program, both of Marie's children, a three-year-old son and five-month-old daughter, were born free of the disease. Today, Marie credits her children's health to the tireless support CDS La Fossette provided throughout both pregnancies. When she began having heart complications at the end of her first pregnancy, CDS referred her to specialists and arranged for her treatment at no extra cost to her. When Marie stopped taking her antiretroviral therapy (ART) following the birth of her first child, the center followed up and persuaded her to reinitiate her regimen.

Like many women in Haïti, Marie's precarious economic reality is closely tied to her domestic situation, and she is currently in a live-in relationship with a much older partner. When she became pregnant for a second time and returned to CDS La Fossette for prenatal care, she was immediately re-enrolled into counseling and ART. Although she lives outside the center's catchment area, Dr. Anthoni Constant, Director of La Fossette, insists: "Ensuring her health and that of her children has always been vital".



CDS La Fossette; Photo provided by SSQH-Nord.

CDS La Fossette is one of 19 sites supported by the USAID-funded *Services de Santé de Qualité pour Haïti – Nord* (SSQH-Nord) that offers PMTCT and referral services to pregnant and nursing patients throughout the Grand Nord (Artibonite, Nord, Nord-Est, and Nord-Ouest). In addition to ART, PMTCT services at La Fossette include psychosocial support, family planning, and education on nutrition and infant-feeding options to reduce the risk of transmission during breastfeeding. The center also closely monitors the health status of babies born to HIV-positive women, administering antiretroviral (ARV) drugs to the infant shortly after birth, along with HIV testing at eight weeks and 12 months old.



Since project Year 1, SSQH-Nord efforts have focused on integrating HIV testing for expectant mothers into the package of prenatal services across project-supported institutions. This has led to an increase in the number of women who know their HIV status overall. Those who test HIV-positive are automatically enrolled in PMTCT programs at health facilities like CDS La Fossette, an important step in protecting their baby's health. Early diagnosis is essential to ensure access to treatment that may improve not only the mother's health, but also the chances that her baby will be born HIV-negative. As Dr. Constant points out: "Often, these women only discover their [HIV-positive] status after coming in for routine prenatal consultations."

Like Marie, women who are found to be HIV-positive receive a course of combination therapy for ARV prophylaxis during their pregnancy and delivery, which has proven to significantly reduce the risk of transmission of the virus from mother to child, to 5% or lower.¹ Without any intervention, the risk of transmission from mother to the baby climbs to 20-45%.

Through collaboration with partner organization the Caris Foundation's USAID-funded *Bien ak santé timoun*² (BEST) project, SSQH-Nord also facilitates training on PMTCT service guidelines for health providers. To date, health workers from all 19 PMTCT sites have received training on sample collection for polymerase chain reaction (PCR) tests. As a result, during the most recent reporting period, these sites achieved a 100% testing rate within two months of birth among babies born to HIV-positive mothers, and a 96% testing rate among infants within 12 months of birth.

PMTCT activities are funded through USAID and implemented by SSQH-Nord. Through this project, ARV treatment is provided at no cost to patients at project-supported sites. Between October 2014 and March 2015, nearly 99% of HIV-infected pregnant women in the SSQH-Nord catchment area—a total of 15,866 patients—

received ARV treatment to reduce MTCT risk. These services, made possible by the continued support of the USAID SSQH-Nord project, are a crucial component of the effort to eliminate mother-to-child transmission of HIV in Haïti.

Three years after her first encounter at CDS La Fossette, Marie is now adhering to treatment, and, despite exposure during pregnancy and breastfeeding, her two children remain HIV-negative. Marie is grateful to the PMTCT staff at CDS La Fossette for their tireless efforts to motivate her to reinstate and adhere to ART. This intervention has made all the difference in her life, and the life of her children.

¹ WHO PMTCT Factsheet: <http://www.who.int/hiv/pub/mtct/PMTCTfactsheet/en/>

² Haitian Creole for "Child Well-being and Health."

* Not actual name

Appendix 2: Success Story 2

SSQH-Nord Helps Address the Resurgence of Cholera in Remote Haitian Island

Off the northern coast of Haiti, across from the city of Port-de-Paix, lies Ile de la Tortue (Latòti, in Haitian Creole). This remote island has very little in the way of infrastructure and is among the poorest regions of the country. Its mountainous terrain has appealed to pirates of centuries past and, more recently, to drug smugglers. The island is home to about 60,000 people who eke out a living on subsistence agriculture and fishing; most do not have access to a clean, safe water supply. Moreover, a rocky shoreline and lack of modern port infrastructure render travel to and from the island particularly difficult.

Despite its remote location, La Tortue was not spared the cholera epidemic that struck Haiti a mere 10 months after the devastating January 12, 2010 earthquake that resulted in more than 200,000 deaths and over one million displaced persons. Considered the worst cholera outbreak in history, there have been more than 60,000 confirmed cases and over 8,000 cholera-related deaths across the country since 2010.

The lack of basic water and sanitation infrastructure makes La Tortue particularly vulnerable to waterborne diseases such as cholera, as does the lack of access to adequate health facilities for residents.

The USAID-funded *Services de Santé de Qualité pour Haïti – Nord* (SSQH-Nord) project currently supports six health institutions in La Tortue, including two dispensaries and four clinics, to improve primary health care. Amid an increasing number of reported cases on the island—from three in October 2014 to 17 by early January 2015—SSQH-Nord quickly took action.

With the right resources, cholera is easily treatable; in most cases, the disease can be cured with the administration of antibiotics and rehydration salts to stop diarrhea and vomiting. With support from USAID



for supplies and the collaboration of the *Département Sanitaire du Nord-Ouest* (DSNO)—the local division of Haiti’s Ministry of Public Health and Population—and local partners, SSQH-Nord rapidly mobilized to distribute hygiene kits that included soap, chlorine bottles, Aquatab tablets, water jugs and buckets to ensure that local residents could protect themselves through hand washing and purifying and safely storing water. The delivery of relief items over a three-day period was accompanied by community-level and door-to-door hygiene promotion to raise awareness and educate local residents on how to use the supplies.



Volunteers heading to La Tortue with jugs, buckets, and hygiene kits.

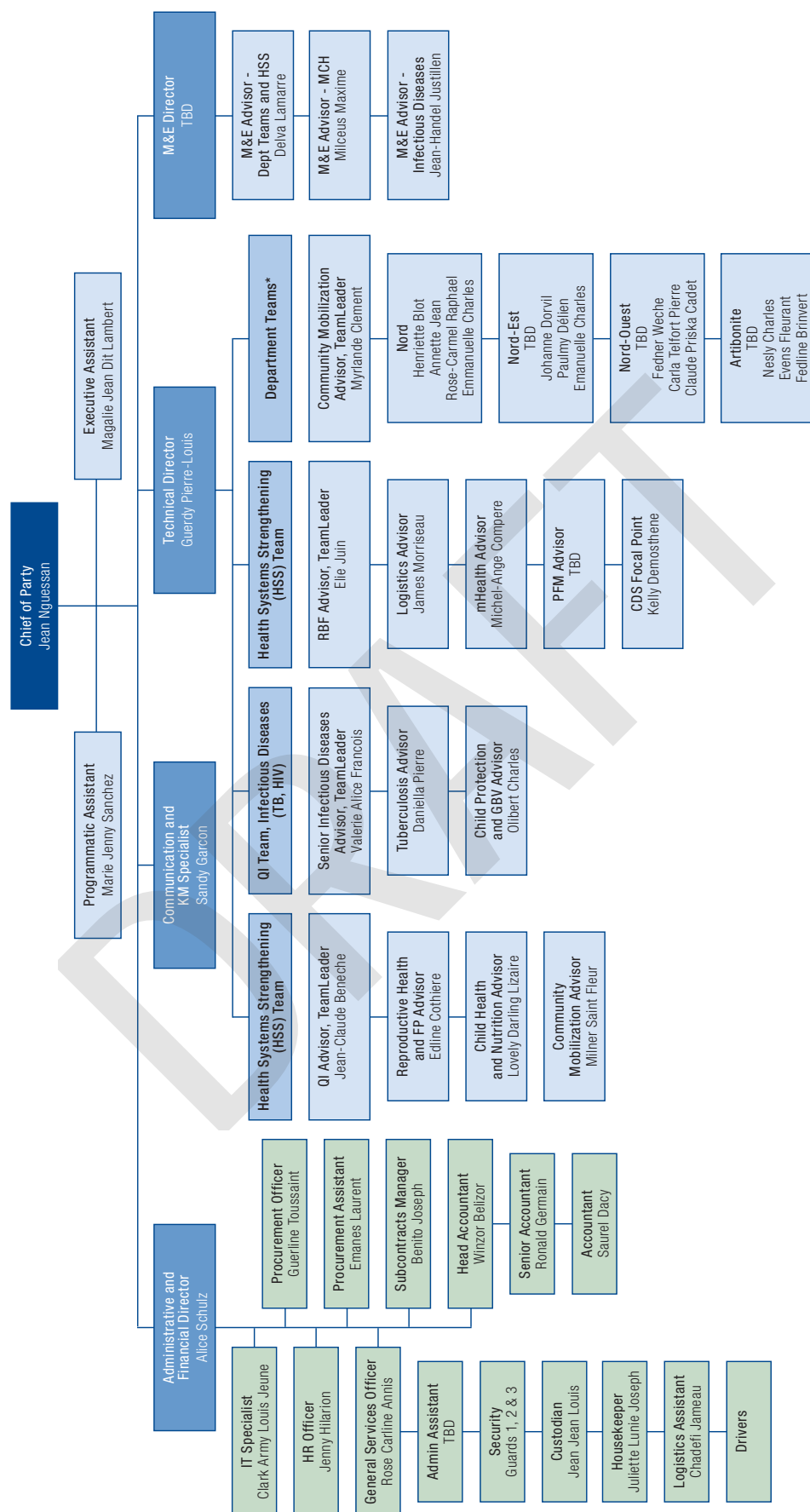
While distribution efforts were initiated at central locations, the outreach delegation soon recognized the need to extend their reach. Members of SSQH-Nord staff traveled around the island with DSNO representatives to the most remote and isolated locations, ensuring that as many people as possible had access to clean water and the means to prevent the spread of the disease.

A total of 423 families benefitted from this activity. Local health facilities were impressed by SSQH-Nord's fast response and noted that it was a clear example of how the project has had a positive influence on supporting and strengthening the public health system. For DSNO and local partners, supplies contributed by SSQH-Nord will allow to extend this type of outreach effort from the initial target areas to other parts of the island, and notably reach residents of localities that lack latrines.

Since mid-January 2015, DSNO officials have noted a sharp decrease in the number of reported cases and patients hospitalized for cholera in La Tortue. In February,

no new cases or hospitalizations were reported on the island. This experience has served as a valuable lesson in preventive health care. Awareness and prevention activities, made possible by the continued support of the USAID SSQH-Nord project, are a crucial part of the Ministry of Public Health and Population's effort on cholera control.

Appendix 3: SSQH-Nord Organizational Chart



*Each department team is composed of one Field Coordinator, one Community Facilitator, one Accountant, and one Youth Trainer, respectively.

Appendix 4: Progress Against Project Results

Below are data as collected and verified by SSQH–Nord staff. Where results could be not reliably verified, the indicator results are not included. The project is diligently working to improve the reporting and data verification procedures

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
Objective 1: Increased utilization of the MSPP integrated package of services at primary care and community levels, particularly in rural or isolated areas							
1.H.1	USAID 3.1.1-24 PEPFAR P11.1D HTC_TEST	Number of individuals who received HIV testing and counseling (HTC) services for HIV and received their test results	90,000	45,000	43,766	97%	SSQH-Nord offers direct service delivery in 21 HTC sites. In this indicators PMTCT_STAT is also included. There has been an expansion of rapid HIV testing in the facilities, the use of mobile clinics to test additional patients for HIV. Four HIV sites have been identified to be merged and their patients transferred progressively to nearby HIV sites in order to maximize resources and efficiency. There were limited stock-outs of testing kits during the reporting period based on the sites reports from our logistics management and the coordination with the main supplier SCMS. We have almost reach the target. Data for this indicator are reported in MESI and collected from facility registers. Double-counting is not allowed but might occur occasionally since patients may get re-tested in another facility or in the community in a period less than 3 months.
1.H.2	USAID 3.1.1-59 PEPFAR P.1.1.D PMTCT_STAT	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	31,732	15,866	12,146	77%	SSQH-NORD supports 19 PMTCT facilities. Funds are used for training and salary of PMTCT service providers, clinical mentoring of PMTCT service sites, support of PMTCT service data collection, and support of mother mentoring programs. In this indicator, both L&D and ANC clinic data are used. Target was not reached for the reporting period despite efforts to reach and test all pregnant women with mobile clinics and community programs. The project is encouraging testing to be made available for all pregnant women to work towards the elimination of MTCT of HIV and reach the annual target. During sites visits and based on gaps identified, emphasis was put on the importance of testing all pregnant women in order to prevent pediatric HIV and meet the national objective of no new cases of MTCT of HIV. The impact of these site visits will be seen in the annual results.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.H.3	USAID 3.1.1-61 PEPFAR P1.2.D PMTCT_ARV	Percentage of HIV positive pregnant women who received ARVs to reduce risk of mother-to-child transmission during pregnancy and delivery	90%	90%	90%	99%	Numerator= 231 Denominator= 258 SSQH-Nord offers direct service delivery to 19 PMTCT facilities. This includes supporting the salaries of HIV service providers, training PMTCT service providers, clinical mentoring and coaching of PMTCT sites, support of PMTCT service data collection, support of laboratory and clinical monitoring of patients, support for patient follow up/retention, and support of mother mentoring programs. Haiti has chosen to implement Option B+, which recommends providing lifelong treatment only for pregnant and breastfeeding women eligible for ART; therefore the goal is to place all pregnant women on ART. In order to achieve this goal, we work with BEST, a project conducted by CARIS foundation, to ensure all pregnant women have been tested and receive follow up. In addition to the field workers attached to the sites, Caris has its own field workers who monitors mothers and the newborns during the pre and post-partum periods. The project is encouraging testing and treatment to be made available for all pregnant women to work towards the elimination of MTCT of HIV; as we are committed to support the government through the ministry of health in the eMTCT certification process for Haiti. The project has almost reached the target of 90%.
1.H.4	USAID 3.1.1-6 PEPFAR T1.1D TX_NEW PEPFAR T1.1D	Number of adults and children newly enrolled on antiretroviral therapy (ART)	2,735	1,368	634	46%	The projects provides DSD for treatment in 19 ART sites. PEPFAR funds support salaries of service providers, clinical mentoring and supportive supervision of staff at ART sites, and routine support of ART M&E and reporting. We also provide training and coaching on ART and their side effects, information that should be shared with new patients at enrollment to ensure compliance. Since treatment is prevention, we encourage sites to screen and put on ART all eligible patients in order to control the transmission of the virus and the epidemic. We work closely with the main logistic ARV providers SCMS to ensure medication availability at all time and to prevent stock out. Data are collected from MESI but also facility-based ART registers, verified through our M&E site visits. Target was not reached for the reporting period despite our efforts to monitor, enroll new patients on ART and retain them in care. This was due to the fact that the planned number of ART sites were not activated or scaled up during the reporting period. Once all planned sites are activated/scaled up, the sites will be able to reach their site level ART enrollment targets.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.H.5	USAID 3.1.1-10 PEPFAR T1.2D TX_CURR	Number of adults and children receiving ART (CURRENT)	5,100		3,487	68%	<p>SSQH-Nord provides direct service delivery to 19 ART sites. PEPFAR funds are used for salaries of service providers, clinical mentoring and supportive supervision of staff at ART sites, support of the patient tracking system report use by the field workers for better adherence and retention. In terms of stock/supply management, the project works closely with SCMS to ensure sites supplies in ART medication are available at all time to prevent stock-out. The ART site personnel have received coaching to improve retention and adherence and reduce the risk of resistance to ART medications.</p> <p>Target was not reached for the reporting period despite our efforts to monitor, enroll new patients on ART and retain them in care. This was due to the fact that the planned number of ART sites were not activated or scaled up during the reporting period. We will work over the next six months to activate and/or scale up ART sites and strengthen retention procedures to reach the target by the end of the year.</p>
1.H.6	USAID 3.1.1-78 PEPFAR T1.3D TX_RET	Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	90%	90%	56%	63%	<p>Numerator : 413 Denominator : 734</p> <p>SSQH-Nord offers direct service delivery to 12 ART sites. PEPFAR funds support salaries of service providers, clinical mentoring and supportive supervision of staff at ART sites. We also provide training on ART and their side effects, information that should be shared with patients at enrollment to ensure compliance. We also work with sites on improving adherence and retention. We insist that the providers counsel patients that treatment is prevention now and it is very important for them to stay on ART to protect and diminish transmission of the Virus. The percentage of adults and children known to be alive and on treatment 12 months after initiation of ART is 66%. For this indicator, the Numerator is generated by counting the number of people on treatment 12 month and more from October 2014 to March 2015.</p> <p>The target was not reached for the reporting period despite efforts to monitor, enroll all eligible patients on ART and retain them in care. An active tracking of lost to follow-up patients will be conducted in May and June to find patients lost to follow up and enroll them back on treatment. The impact of this activity on the data will be seen on the next reporting period.</p>

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.H.7	USAID 3.1.1-69 PEPFAR C2.1.D CARE_CURR	Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load	7,000	3,500	4,636	133%	The project provides DSD for PLWHA, adults and children enrolled in care. PEPFAR funding is used for salary, monthly supervisory visits, training of service providers, and support for data collection, reporting and quality assessment. Data are obtained through site pre-ART and ART registers. It includes all unique PLWHA patients from all the sites that have received at least one care service, mostly WHO clinical staging, eligibility for prophylaxis for Cotrimoxazole, INH, TB screening and treatment or other OIs, alleviation of HIV-related symptoms and pain for PLWHA. Strategies have been designed to expand rapid HIV testing, with the community approach to identify HIV positive patients including the Most at Risk Populations (MARPs) with the help of the PREV/SIDA project. We have surpassed our target for the reporting period as we provided coaching to site personnel on the importance of monitoring the patient at every visit using the WHO staging and CD4 count and collecting and documenting the information on the EMR.
1.H.8	USAID 3.1.1-85 PEPFAR C4.1D PMTCT_EID	Percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	71%	71%	68%	96%	Numerator : 176 Denominator : 258 SSQH-NORD offers direct service delivery to HIV Exposed Infants. PEPFAR funds are used to provide salaries for PMTCT staff, coaching, clinical mentoring and supportive supervision. In collaboration with our partner the Caris Foundation through their project BEST, blood specimen are picked up at SSQH-Nord sites and virology tests are performed for infants exposed to HIV. Training have been organized by SSQH-Nord for site personnel that did not have direct access to this service from Caris. As of today, 100% of SSQH-Nord PMTCT sites have access to PCR testing and results. We also provide support for sites on PMTCT patient tracking (mothers and infants) with the help of CARIS field workers. PCR testing is only available at National laboratory and GHESKIO Centers in Port-au-Prince. The PCR results are shared with facility service providers in the facilities as soon as they are available for rapid follow up.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.H.9	PEPFAR OVC_SER	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	15,000	7,500	3,721	50%	SSQH-NORD offers direct service delivery to 15 facilities for the OVC programs. PEPFAR funds are used to provide salary for caregivers especially those providing psycho-social support to the patients. Sites also received coaching to ensure all Children of PLHIV are systematically registered and tested. Children infected and affected by HIV that meet the criteria of being infected or affected by HIV, are enrolled in the program. Active beneficiaries who received program services in the last three months were also included. They received services such as care, home visits or are part of special groups like the child support group and the peer educators. Training was provided to those developing activity-related curricula, psychosocial support, and child protection services while technical assistance, community activities. The impact of these trainings on enrollment of OVCs was not seen during this reporting period and we therefore did not reach our target. It is expected that the number of active beneficiaries will increase during the next fiscal year. Additional support like school funding were provided by a project partner, CARIS Foundation through their project BEST. Post Rape Care Units are being implemented in four of the sites to address GBV issues in the Youth community. Our Child PE advisor is in working with the ministry of social affairs bureau (BESR) in order to elaborate a document on national guidelines on Child Protection.
1.H.10	PEPFAR OVC_ACC	Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services	900	450	222	49%	This indicator was added to the PMP based on PEPFAR requirements and during this reporting period, site personnel did not have a clear understanding on how to collect these data. We are working with the sites on how to correct this issue and will report more accurate data in the annual report. We did not reach our target due to incomplete data. The corrections in data collection and reporting will allow us to reach our target by the end of the year.
1.H.11	PEPFAR FPINT_SITE	Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	80%	80%	100%	125%	Numerator : 21 Denominator : 21 SSQH-NORD offers direct service delivery to 21 facilities offering Family Planning and HIV Integration. Coaching has been provided to the site personnel to ensure that FP is available and offered to all patients enrolled in HIV care. The Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services is 21/21 = 100%. We have reach and surpass our target because we have worked with our sites, coaching have been provided to the site personnel to ensure integration of HIV and all other services including FP. In terms of stock/supply management, the project works closely with LMS now SCMS to ensure sites supplies of FP methods are available at all time to prevent stock-out.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.H.12	PEPFAR QI_SITE	Percentage of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months	60%		38%		<p>Numerator : 8 Denominator : 21</p> <p>SSQH-NORD offers direct service delivery to 8 facilities with Quality Improvement Activities out of 19 sites offering a complete package of HIV services to the population. PEPFAR funds are used to provide salary for those caregivers who are implementing HEALTHQUAL in their sites. They have received training from our CDC partners in order to elaborate plans and projects for quality improvement that address clinical HIV program processes or outcomes and have documented process results. Support and coaching is also provided by our QI advisor who is also implementing other QI activities in most of the sites of the project. Percentage of PEPFAR-supported clinical service sites with quality improvement activities implemented is 8/21=38%. This number will be increased by the next reporting period as we will have a HEALTHQUAL training in May and will be working with the sites to elaborate a plan and a project for quality improvement.</p>
1.H.13	CARE_NEW	Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	3,907	1,954	852	44%	<p>SSQH-Nord provides direct service deliveries to 21 sites for clinical care. This includes funding of salary and training for service providers, coaching, and clinical mentoring of service sites, support of data collection, reporting and data quality, and support of clinical monitoring of patients. We also provide support to the sites for patient adherence and retention. The data for this indicator is collected from patient files at sites providing the following services to eligible PLWHA: WHO staging or CD4 count or viral load.</p> <p>We did not reach our target for the reporting period because some of our high volume sites do not have the proper machines/supplies for the assessment. PIMA machines have been ordered by our Logistic Advisor from CDC for High volume sites like CDS Lafossette and Pierre Payen and we have requested that the national laboratory trains the site technicians in order to allow more sites to provide CD4 count testing. An increase in the results will be seen once the machine are received by these sites.</p>
1.H.14	TX_SITE	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate	90%	90%	17%	19%	<p>Numerator : 2 Denominator : 12</p> <p>SSQH-Nord offers direct service delivery to 19 ART sites. We work closely with the sites to ensure they achieve 75% ART retention. PEPFAR funds support salaries of service providers, clinical mentoring and supportive supervision of staff at ART sites. We also provide training on ARV and their side effects, information that should be shared with patients at enrollment to ensure compliance. We also work with sites to improve adherence and retention. We insist that the providers counsel patients that treatment is prevention now and it is very important for them to stay on ART to protect and diminish transmission of the Virus.</p> <p>Despite our efforts we have not reached our target. As retention is a national issue, we plan to conduct an active tracking of patients lost to follow up in the 9 prioritized sites. This work will need to be done in all sites to reach our target of 90% of sites.</p>

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.H.15	LAB_CAP	Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	20	20	20	100%	SSQH-Nord offers direct service delivery in 20 testing facilities that have the capacity to perform clinical laboratory tests with PEPFAR Funds. Those point of care testing centers are available in all of our sites that provide HIV services. Our laboratory technicians receive trainings from the National Laboratory or SCMS. There were almost no stock-outs of testing kits based on the sites reports from our logistics management and the coordination with the main supplier SCMS.
1.T.1	USAID 3.1.2.2-1	Percentage of all registered TB patients who are screened for HIV	90%	90%	87%	97%	Numerator : 625 Denominator : 716
1.T.2	USAID 3.1.1-74 PEPFAR C2.4D TB_SCREEN	Proportion of PLHIV in HIV clinical care who screened for TB symptoms at the last clinical visit	90%	90%	85%	95%	Numerator : 3955 Denominator : 4636 SSQH- Nord provides direct service delivery to all HIV positive patients tested for TB. PEPFAR Funding is used for clinical mentoring, coaching, supervisory visits, data quality and reporting. A monitoring system has been implemented in all sites to capture TB screening, the TB symptom screening algorithm is standardized and updated to WHO guidelines. TB_Screen is systematically done for all HIV patients and should be monitored at all clinic visits. There is a specific TB screening form that is to be filled out by the caregiver for all PLWHA. This Data is available on all patient charts on the EMR and should be filled out at every visit. TB screen Questionnaires are also available on other files at sites where EMR is not available.
1.T.3	USAID 3.1.1-75 PEPFAR C2.5D	Percentage of HIV+ patients in HIV care or treatment who started TB treatment	2%	2%	1.3%	66%	Numerator : 58 Denominator : 4636 SSQH-NORD offers direct service delivery to HIV positive patients co-infected with Tuberculosis. PEPFAR funding is used to provide salary support for service providers, clinical mentoring and supportive supervision twice a trimester, and training of staff to strengthen capacity in 17 HIV/TB sites. We coach service providers to test all PLWHA for TB. The project provides on-going mentoring of service providers particularly the site manager to provide early screening, identification of TB and placement of all PLWHA diagnosed with TB on ARV. All our 11 sites offering ARV sites are providing TB services, diagnosis and treatment. With the expansion of the INH prophylaxis, fewer HIV-positive patients are subject to get TB; to that end, the lower result reflects a better, positive change. This expansion of INH prophylaxis is why we reached 66% of the target.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.T.4	PEPFAR C3.2N TB_ART	Proportion of registered TB cases who are HIV-positive who are on ART	85%	85%	86%	101%	Numerator : 61 Denominator : 71 SSQH-NORD offers direct service delivery to 46 sites providing TB services. HIV Testing has been made available to all Tuberculosis patients. Target reached by 101% which is a good sign of improvement of the TB/HIV program. According to the guidelines all HIV positive patients with TB should be on ART. Annually reported
1.T.5	USAID 3.1.2.1-2	Case notification rate of new sputum smear positive pulmonary TB cases per 100,000	92				Annually reported
1.T.6	USAID 3.1.2-31	Percentage of estimated new smear-positive pulmonary TB cases that were detected under DOTS	85%	85%	90%	106%	Numerator : 479 Denominator : 532 Target is over achieved for this indicator due to the fact that PNLT-MSPP reinforce DDS strategy to ensure that all patients with positive smear is under DOTS. Therefore, this target will be revised upwards for the next fiscal year.
1.T.7	N/A	Percentage adoption of TB infection control plan at supported facilities	100%	100%	20%	20%	Numerator : 6 Denominator : 30 Based on our supervision visits occurred during this semester on 26 TB sites out 32 sites that provide TB testing and treatment, only 6 of them adopted an infection control plan. Due to the fact that such a small percentage of sites have implemented TB infection control plans, we developed an infection control plan template that will be share and apply on those sites for the upcoming semester. We expect improved results at next report round.
1.T.8	N/A	Number of patients receiving IPT	5,892		4,832	82%	This is an annual target , we have a performance of 82%, mostly because of the efforts (TB screening questionnaire) made to screen and initiate more HIV positive patients on IPT we will be able to reach it by the end of the year.
1.T.9	USAID 3.1.2.1-4	Percentage of USG-supported laboratories performing TB microscopy with 95% or higher rate of correct results	70%	70%	N/A		Annually reported
1.T.10	TB_ARTSITE	Proportion of PEPFAR-supported TB basic management units at which 80% of registered TB cases who are HIV-positive are on ART	80%	80%	82%	102%	Numerator : 9 Denominator : 11 Annually reported

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.M.1	USAID 3.1.6.1-2	Percentage of pregnant women with at least 3 prenatal visits	37%		48%	130%	Numerator=6708 Denominator= 14056 The target for this indicator was too low. We recommend revising future targets for the four northern departments to reflect the past performance from the current year of implementation.
1.M.2	USAID 3.1.6.1-1	Percentage of births attended by skilled birth attendants in USG-supported programs	19%		40%	211%	Numerator= 5431 Denominator=13518 The population includes those from 48 sites offering labor services. 13518 is 2.8% of this said population which is estimated at 482889 for 6 months. The target set for this indicator was too low. Our performance is slightly above the national average for institutional births of 36%.
1.M.3	USAID 3.1.6-30	Percentage of newborns receiving postnatal health check within two days of birth	35%		17%	49%	Numerator= 2260 Denominator= 13518 Only the institution-level data was reported. The community-level reporting tool does not capture this information. The collaboratives also cover postnatal consultations within 0-6 hours of delivery. These data will be collected in the next reporting period at the community level with the introduction of a new CHW reporting for
1.M.4		Number of newborns receiving postnatal health check within three days of birth	29,719	14,860	10,333	70%	This poor performance is linked to the fact that the objective was 1) Too ambitious because according EMMUS V the national average of women who benefited postnatal care within the time period is 23% or about 10720 based on our estimated population of pregnant women (2.8%) 2) Lack of integration of the activities of traditional birth attendants and ASCP field. 3) the majority of the population lives in areas difficult to access and in scattered habitats
1.M.5	N/A	Percentage of children<1 fully vaccinated in project areas	95%		58%	61%	Numerator=13585 Denominator= 23304 This under-performance is linked to the disruption in supply of vaccine antigens at the site-level. We will work with the <i>Direction du Programme Élargi de Vaccination</i> (Direction of the Expanded Program on Immunization) and the DDS to make the antigens available at site-level. Facility officials will be closely supervised to insure better antigen inventory management.
1.M.6	USAID 3.1.9-16	Number of children<5 receiving Vit.A from USG- programs	135,630	67,815	55,177	81%	This under-performance is linked to the stock-outs at site level. Only the first dose was taken into consideration. We will be working with UNICEF, MSPP Nutrition team, and the four DDS to make Vitamin A more available.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.M.7	USAID 3.1.9-15	Number of children <5 reached by USG-supported nutrition programs	189,545	94,773	101,995	108%	Only new babies weighed were taken into account. Follow-up on weight curve is also part of the nutrition services that the child should receive. This tool is not yet implemented. Annually report
1.M.8	USAID 3.1.9-16	Prevalence of underweight children under five years of age	6.7%	6.7%	7%		Numerator= 6,992 Denominator= 99,892 The project's activities are limited to the monitoring of the weight curve and nutrition education. The reporting form does not allow us to capture the necessary information. We are only able to report data for Artibonite because they use an old version of the reporting form which collects this information. Annually reported
1.M.9	N/A	Percentage of children under age 5 identified with severe or moderate acute malnutrition (using MUAC)	9.1%	9.1%	9.6%		Numerator: 4,903 Demo: 51,294 We conducted education activities and weight curve monitoring but these activities did not reduce severe or moderate acute malnutrition enough to reach our target of 9.1%. We recommend adding a nutritional recovery activity in order for future projects to meet this indicator.
1.M.10	USAID 3.1.9.1-4	Percentage of children under 6 months of age exclusively breastfed	48%	48%	N/A		The AME register is not yet available. If the situation is not addressed there will be no data to report at the end of the year. The reproduction of the register depends on MSPP, however the project can reproduce the AME register used by the former project. Annually reported.
1.M.11	USAID 3.1.9-6	Anemia prevalence among pregnant women receiving antenatal care	18.4%	18.4%	7%		Numerator :3,428 Denominator : 48,294 Definition: Numerator equals the total number of pregnant women who had an ANC check during the reporting period and were screened for hemoglobin levels and present levels below 11.0 gm. The Denominator equals the total prenatal visits as women could be counted more than once on the numerator if there were anemic at multiple prenatal visits.
1.M.12	USAID 3.1.9-1	Number of people trained in child health and nutrition through USG-supported programs	497		325	65%	All 84 sites supported by the project do not offer the blood test to pregnant women and in some sites, women have to pay for. Therefore the reported prevalence is artificially lower than the actual prevalence. The number of CHWs that received the nutrition training module. This is an annual target and based on the planned training schedule, it will be reached by the end of the fiscal year.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.M.13		Number of children who received Penta3 by 12 months of age in USG-assisted programs	43,994	21,997	20,413	93%	
1.R.1	USAID 3.1.7-38	Percentage of women of reproductive age using modern family planning methods	24.8%	24.8%	20.9%	85%	Numerator : 87160 Denominator : 416155 Female condoms are no longer available in Haiti. Condoms distributed to women are those used by men, so this has had an impact on the success of this indicator. Efforts will be made to ensure sites are promoting the full spectrum of family planning options via provider counseling as well as wall charts displaying method choices and their effectiveness. We anticipate this to have a positive effect on modern FP method uptake which will be reflected in future results.
1.R.2	N/A	Number of youth (15-25 yrs) accessing RH services	57,000	28,500	30,384	107%	This data consists of the sum of youth less than 25 years old using a FP method and the youth that received FP education in the FOSREF Youth Centers (20784 + 9600). As there is no mechanism to avoid double-counting, the likelihood of it is very low given the nature of the activity. Annually reported.
1.R.3	USAID 3.1.7.1-1	Couple years protection in USG-supported programs	172,688	86,344			Annually reported
1.R.4	USAID 3.1.7.1-3	Percentage of USG-assisted service delivery sites providing family planning (FP) counseling and/or services	100%	100%	100%	100%	Numerator : 84 Denominator : 84 All 84 project supported sites provide continuum of care FP counselling and/or services throughout the network. 7 sites have the capacity to offer short-term methods, 52 offer long-term methods, and 25 offer permanent methods. Annually reported
1.G.1	USAID GNDR-6	Number of people reached by a USG-funded intervention providing gender-based violence services	133	67	91	135%	We have surpassed our target because the sites received training and coaching on GBV. They are now able to provide the appropriate GBV care, document the process and report the data.
1.G.2	N/A	Number of health institutions providing clinical assistance and referrals of child protection cases to legal and social services	23	12	13	113%	The sites provide a packet of services that includes: <ul style="list-style-type: none"> Medical Support (trained staff, management kit, management algorithm, medical certification) Psychosocial care (availability of a social worker and/or a psychologist), Referrals to legal or community support. Our CP advisor conducted training for our site personnel at some of our sites and has scheduled to complete the training at all 23 sites by the end of the year. This will allow us to reach our target by September 2015.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.G.3	N/A	Number of community and clinical health staff and community-based actors trained to recognize and refer GBV and child protection cases to appropriate legal and social services	200	100	147	147%	We have surpassed our target because the sites received training and coaching on GBV. They are now able to provide the appropriate GBV care, document the process and report the data. Targets should now be revised and corrected according to the new numbers for next year.
1.G.4	N/A	Number of children reached by protection services ¹⁰	330	165	117	71%	This comprises 117 children that were victims of abuse and who received clinical care. These data were collected in the monthly reports from the sites. We did not reach our target because not all the sites received training on CP care. All sites 23 sites will be trained by the end of the annual reporting period which will allow us to reach our target.
1.B.1	N/A	Number of sites authorized to provide critical care in the field of obstetrics and trauma	6	6	7	117%	7 project supported sites provide critical care services in the field of obstetrics and trauma. These sites are: Centre Medical Bérac, Hôpital Claire Heureuse, Hôpital de Fort St-Michel, Hôpital Bienfaisance de Pignon, Hôpital de Fort-Liberté, CAL Pierre Payen et CDI de Raboteau.
1.B.2	N/A	Percentage of eligible sites certified to serve as critical care stabilization centers in the field of obstetrics and trauma	80%	80%	100%	125%	We surpassed our target because all seven of our SONU sites are authorized. Numerator : 7 Denominator : 7 Identified sites have the capacity to provide critical care in the field obstetrics, neonatal care and trauma. However, in the next period an evaluation will be conducted to address any remaining gaps. These sites have OBGYN, anesthesiologist nurses, general surgeons and blood transfusion station. The certification process is ongoing and will consist of: <ul style="list-style-type: none"> • Identification of potential sites • analysis of strong points and remaining gaps • preparation of an action plan to address identified gaps We surpassed our target because all seven of our SONU sites are eligible and provide these services.
1.C.1	N/A	Total number of client visits to project-supported facilities or CHWs	850,000	425,000	441,083	104%	Annually reported.
IR1.1: Incentivizing of high quality performance at supported facilities and communities through RBF							
1.1.a	N/A	Number of facilities with RBF contracts in place	15		0		Based on recent conversations with the client and the WB, contracts are expected to be signed in the last trimester of Year 2. This is dependent on funds being available for incentive payments.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.1.b	N/A	Percentage of facilities where the performance (RBF) score increased from previous period	50%	50%	0%		Based on recent conversations with the client and the WB, contracts are expected to be signed in the last trimester of Year 2. This is dependent on funds being available for incentive payments.
IR1.2: Implementation of continuum of care model linking community workers to facilities, mobilizing communities, and providing systematic referral-counter referral							
1.2.a	N/A	Number of CHWs able to provide full integrated package of services in USAID areas	600		425	71%	The 425 represent the number of CHWs trained during the first year. Currently, there is a training underway. 175 more people will be sign contracts and be reported so that this indicator will reach its target of 600.
1.2.b	N/A	Number of community members participating in community-level QI meetings	350		312	89%	<p>Eight meetings took place in St-Michel's network, and six other meetings are already planned for in the Ouanaminthe network. These meetings ensure the involvement of local community leaders in the QI process of PPS in St Michel.</p> <ul style="list-style-type: none"> • 32 La Cidras • 21 Platana • 58 Marmont • 40 Savanne Dianne • 34 Laslomas • 49 Base de Sault • 36 L'Hermite • 42 Camathe <p>The target for this indicator is an annual target and therefore we will explain any variance in relation to the target in the annual report..</p>
IR1.3: Increased access to services by increasing range and ease of obtaining services							
1.3.a	PEPFAR T1.5.N	Number of sites providing integrated ART	14	14	12	86%	We will be activating new sites in the next 6 months.
1.3.b	N/A	Number of sites providing pediatric treatment, care and support	20	20	19	95%	
1.3.c	PEPFAR P11.3.N	Number of health facilities that provide HIV testing and counseling services	20	20	21	105%	
1.3.d	USAID 3.1.6-64	Number of women giving birth who received uterotonics in the third stage of labor through USG-supported programs	3,450	1,725	2,751	159%	The target for this indicator was set too low. We were able to surpass the target thanks to the work done by the collaborators on GATPA.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
1.3.e	N/A	Number of USG-supported facilities that provide appropriate life-saving maternity care	21	21	21	100%	The project supports 7 EmONC C and 14 EmONC B throughout the 4 DDS.
1.3.f	N/A	Number of women reached with individual or small group level education on the benefits of exclusive breastfeeding	15,000	7,500	4,338	58%	These data come from the NGOs and AMTSL/EmONC collaborative narrative reports. However, we are not able to collect this data for all of the project supported sites because the tools are not available. This under-reporting led us to not reach our target for the period.
1.3.g	N/A	Number of individuals trained to implement improved sanitation methods	316	158	136	86%	80 people were trained in the first learning session during the first phase of the implementation of the MWM collaboratives in Nord and Artibonite. 56 persons were trained by HAS. Subsequent trainings for identified providers will take place in the next period and allow us to reach our target by the end of the annual reporting period.
1.3.h	USAID 3.1.6.8-1	Number of households with soap and water at hand washing station commonly used by family members in USG-assisted programs	124,219	62,110			The tools currently available in the field do not allow for the collection of this data. However, for the next reporting period we will adapt the CHW monthly reporting form to address this problem.
Objective 2: Improved functionality of the USG-supported health referral networks							
2.a	N/A	Number of health referral networks established (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	15		0		The referral networks have already been identified but they are not yet operational. By July the tools for referrals and counter-referrals will be available for dissemination at which point the project will be putting these networks in place.
2.b	N/A	Number of individual referrals made (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	900	450	136	30%	This data should be completed with the data entered into MESI (HIV). The referral networks have already been identified but they are not yet operational. By July the tools for referrals and counter-referrals will be available for dissemination at which point the project will be putting these networks in place.
2.c	N/A	Percentage of referrals completed	55%	55%	38%	69%	Numerator : 52 Denominator : 136 The referral networks were not activated before June 2015. Therefore, the tools were able to collect the data for HIV services only for the numerator. We did not reach our target because of the lack of complete data for this indicator.
2.d	N/A	Ratio of CHWs to population attached to health facility	1 CHW / 1,500		0.75 CHW / 1,500		The project have 803 CHWs. For the total of population estimated at 1,664,618.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
2.e	N/A	Average percent case management score based on MSPP Quality Checklist at sites receiving ongoing roving team support	75%	75%	49%	65%	Numerator : 1,270 Denominator : 2,568 We did not reach our goal because this is an annual target. We expect to reach our target by the end of this project year.
IR2.1: Improved health workforce capacity within health referral networks							
2.1.a	N/A	Number of health workers trained/re-trained to perform defined roles in referral network (total), by cadre (e.g. CHW, nurse, physician, lab tech, pharmacist, etc.)	150	75	101	133%	23 CHWs were trained in November and an additional 78 CHWs were trained in December. This is an annual target which will be reached by the end of September 2015.
2.1.b	N/A	Number of health referral networks with rationalized health workforce plans (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	8		0		The referral networks have already been identified but they are not yet operational. By July the tools for referrals and counter-referrals will be available for dissemination at which point the project will be putting these networks in place.
IR2.2: Strengthened information system and data flow within health referral networks							
2.2.a	N/A	Number of health referral networks with defined SOPs for information flow (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)17	8		0		Given that the referral networks are not yet established, the SOPs related to information flows are not yet in use.
2.2.b	N/A	Number of health referral networks using data generated by referral information system for RBF indicators (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)17	4		0		Based on recent conversations with the client and the WB, contracts are expected to be signed in the last trimester of Year 2. This is dependent on funds being available for incentive payments.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
IR2.3: Improved drug and other medical commodity supply chain / logistics management within health referral networks							
2.3.a	N/A	Number of health referral networks with defined SOPs for drug/supply chain management (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	8		0		The referral networks have already been identified and are in construction but they are not yet operational. An MOU for these networks has already been drafted.
IR2.4: Improved oversight of network management by UAS coordinators to support referral network through QI							
2.4.a	N/A	Percentage of health referral networks with supervisory visit documenting improvements in quality in last 6 months (total), by service type (e.g. critical care, labor and delivery, HIV/AIDS, TB)	100%		0%		The referral networks have already been identified and are in construction but they are not yet operational.
Objective 3: Institutionalization of key management practices at facility and community levels to facilitate sustainable delivery of quality health services							
3.a	N/A	Percentage of sites maintaining auditable monthly financial reports	100%		0%		This indicator will be reported in the annual report. The project administration is currently preparing the verification mechanisms for the financial reports.
3.b	N/A	Percentage of sites implementing continuous quality improvement plans	100%	50%	54%	107%	Numerator : 45 Denominator : 84 This concerns the 45 sites with a QI team that received support for the preparation of a QI plan or MWM plan.
3.c	N/A	Percentage of institutions implementing a timely and accurate procurement process for vital products	75%	75%	53%	70%	Numerator : 28 Denominator : 53 53% represents the percentage of sites that did not experience a stock-out of drugs and commodities, among sites pharmacies was evaluated (28 of 53 sites). All evaluated sites will be included in the annual report. The target was not met because all sites could not be included in the results. This is due to the fact that the sites do not consistently report this information in their monthly reports; data for this indicator was collected through site visits. Complete data will be collected for the annual report which will allow us to reach our target.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
3.d	N/A	Percentage of USG-supported primary health care (PHC) facilities that submit routine reports according to national HIS policy.	90%	90%	45%	50%	Numerator: 39 Denominator: 86 We did not reach our target for the reporting period because site personnel did not have a clear understanding of the reporting deadline. We have defined the reporting deadline during site visits and expect to see an increase in the percentage of sites at the end of the next reporting period.
3.e	N/A	Percentage of sites providing services in compliance with QI-identified priority service issues	60%	60%	43%	71%	Numerator: 36 Denominator: 84 All project sites must be visited during in each quarter. At the conclusion of each visit, a recovery plan is prepared, many sites have this plan and it is aimed that the rest will have this plan by the end of the next semester.
3.f	N/A	Percentage of clients reporting satisfaction with services provided	50%	50%	0	0%	SSQH-Nord needs to first address various gaps prior to implement this survey. Consequently, measures have been taken in order to carry out the survey at the beginning of the next semester.
IR3.1: Quality improvement mechanisms implemented in all project sites							
3.1.a	N/A	Percentage of sites with continuous quality improvement teams operating according to minimum criteria	50%	50%	54%	107%	Numerator: 45 Denominator: 84 45 sites have a quality improvement committees There are two criteria that have been fulfilled: that the committee is in place and that they have a quality improvement plan. At present, we do not yet have all the meeting minutes or the tracking chart of planned activities, which will be focused on during the next reporting period.
IR3.2: Enhanced departmental staff skills for supportive supervision of quality health services							
3.2.a	N/A	Number of departmental and zonal supervisors trained in supportive supervision and/or coaching	95		16	17%	A coaching session was conducted in two DDS (Arribonite and Nord). Additional supervisors and CHWs will receive training in the next semester to reach the target by the end of the year.
Objective 4: Departmental health authorities' capacity to manage and monitor service delivery strengthened							
IR4.1: Improve management skills and use of management tools at Departmental level							
4.1.a	N/A	Number of management tools introduced or reinforced and used at the Departmental level	2		1	50%	SSQH-Nord has made improvements to the calculation index tool for RBF premiums. The Department Sanitaire du Nord-Est (DSNE) team has been instructed on its use for the RBF pilot. This target for this indicator is annual and therefore we will reach our target before the end of the reporting period for the annual report.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET OCT 2014 - SEPT 2015	TARGET OCT 2014 - MARCH 2015	RESULTS OCT 2014 - MARCH 2015	PERCENT OF TARGET ACHIEVED OCT 2014 - MARCH 2015	COMMENTS
IR4.2: Enhanced departmental staff skills for supportive supervision of quality health services							
4.2.a	N/A	Percentage of sites receiving quarterly supervision visits with summary report produced	70%	70%	36%	51%	Numerator : 30 Denominator : 84 30 of 84 sites were visited both quarters during this reporting period. However, during the second quarter, 81 sites or 96% were visited. We did not reach our target because this indicator is cumulative and the impact of our work to increase site supervision will not be seen until the next fiscal year.
4.2.b	N/A	Percentage of sites in which priority recommendations from site visits are addressed properly	100%		24%	24%	On average, 20 of 84 sites visited were evaluated with regard to this indicator. These data were tracked through technical forms used during the visits. There will be another round of visits in the coming six months where the performance of this indicator is expected to have improved.
4.2.c	N/A	Percentage of health facilities providing services in compliance with MSPP Quality Checklist	26%		25%	96%	Numerator : 21 Denominator : 84 MSPP has not determined a minimum quality score to evaluate compliance level of quality norms. However, SSQH-Nord considers 50% as the minimum quality score for the evaluation of compliance at project-level.
IR4.3: Enhanced departmental staff skills in planning, coordination, monitoring, and supportive supervision							
4.3.a	N/A	Number of departmental staff trained and/or mentored	25		20	80%	Seven staff from the Nord health department participated in a financial management training facilitated this period (1 Administrator, 1 accountant, 1 RBF focal point, 3 program managers, 1 departmental pharmacist). In addition, 13 joint DDS supervision visits were conducted during this period.
IR4.4: Support introduction of technology solutions for improved management							
4.4.a	N/A	Number of technologies tested on pilot basis and approved for broader use	1		1	100%	The <i>CommCare</i> app was piloted in March 2015 and in the coming months will be scaled up for broader use among additional SSQH-Nord facilities. Annually reported

Appendix 5: Partnerships and Collaborations


SSQH-NORD – Partnerships and collaborations: USAID projects

PROJECT	CONTACT PERSON/ TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
HPP AKSE/Futures Group	Philippe-Raymond Cantave, Program Director	GBV and CP service mapping	<ul style="list-style-type: none"> Participation of SSQH-Nord in 2 workshops: 1) information-sharing among partners for national CP strategic plan; 2) information-sharing among partners on new OVC indicators. Informal communication. 	Regular communication to identify areas for information-sharing and collaboration.
ASSIST	Daniel Joseph	Norms in CP, Orphans and Vulnerable Children (OVC)	<ul style="list-style-type: none"> SSQH-Nord supported sites participated in training in new CP standards 	ASSIST-Haïti funding is wrapping up in April 2015.
AVANSE - Appui à la Valorisation du potentiel Agricole du Nord, à la Sécurité Economique et Environnementale	Bertrand Laurent, COP	Improving nutrition for OVC	<ul style="list-style-type: none"> Informal conversations at USAID-supported events. Formal meeting with URC Vice-President and Senior Health Systems Strengthening Advisor. Phone calls and meetings with COP. 	Formal meeting scheduled to share information and identify collaboration mechanisms related to nutrition for OVC.
BEST/Caris Foundation International	Nathaniel Segaren	Educational scholarships for children of HIV-positive parents (primary-school level)	<ul style="list-style-type: none"> SSQH-Nord and Caris agreed that all PMTCT patients from SSQH-Nord sites will be referred to Caris for community support and tracking, and to ensure EID at four to six weeks of age by PCR (2), prophylaxis within 72 hours of birth, and immediate initiation of ART. Collaboration between CARIS and SSQH-Nord to improve therapy adherence among PMTCT patients and reduce patients lost to follow-up. Launched mothers and youth's clubs in collaboration with the Caris Foundation. Trained 12 health providers on sample collection for PCR (polymerase chain reaction) tests in collaboration with the Caris Foundation through its BEST project. 	Signing of a formal MOU between CARIS and SSQH-Nord. SSQH-Nord Community Mobilization and OVC Coordinator to coordinate activities with Caris.

PROJECT	CONTACT PERSON/ TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
DELIVER/JSI/ Financing for Development	Safia Ahsan, Technical Advisor	Health financing: financing of procurement for MCH commodities	<ul style="list-style-type: none"> DELIVER made initial contact with SSQH-Nord and request for information. 	Share information via DELIVER/ JSI questionnaire on country-level public sector financing of procurement of MCH commodities.
EVIH-T - Avoid HIV and its Transmission	Elsie Lauredent	HIV/AIDS	<ul style="list-style-type: none"> SSQH-Nord, PrevSida, EVIH-T and SSQH-Centre/Sud developed a concept note on strategies to increase HIV sites efficiency, ART enrollment, and adherence through synergy among partners. Participation of SSQH-Nord in a workshop for the implementation of the program Haïti Transformation. 	The EVIH-T project was not renewed and collaboration discontinued as a result.
Haïti Strategic Information Systems/Futures Group	Donna Medeiros, Project Director HMIS Haïti Rikerdy Frédéric, DDV Senior Advisor Alain Dougé, Sheryl Martin, COP	Strengthening MSPP health information systems and providing outcome data	<ul style="list-style-type: none"> Ongoing meeting to discuss DHIS 2.0 facets: use (functionality, data entry modes, validity, tools for analysis, reports production); connection to "Cloud" and to mobile telephones; migration from paper-based information system to Web technologies; multiplicity of existing database and integration of DHIS 2.0. Follow-up of training of M&E staff on DHIS 2.0. Monthly communication and information-sharing. 	Enter DHIS 2.0 data from SSQH–Nord sites on monthly basis. Futures Group will provide three user accounts for SSQH-Nord. Training of advisers for configuration and large-scale deployment. M&E to participate in workshop on DHIS 2.0.
HtW – Health Through Walls	Karine Duverger	Prison Health Care (VIH-TB)	<ul style="list-style-type: none"> Informal conversations during joint meetings with USAID. URC IDG Sr VP Dr. Tisna Veldhuizen van Zanten participated on a panel with Karine at the Haïti Health Summit in Washington DC in January 2015 	Establish formal contact, share information, and identify areas of collaboration.




PROJECT	CONTACT PERSON/ TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
HFG – Health Financing and Governance	Dr. Desire Boko, COP	Improving financial management at departmental and site level	<ul style="list-style-type: none"> Multiple meetings and close collaboration with HFG to share responsibility for strengthening of financial management of DDS and health facilities. SSQH–Nord finance consultant is supporting the TOT and rollout of financial management training in the Nord-Est department. SSQH–Nord and HFG staff co-developed training modules on financial management and administration for health facility management. SSQH–Nord developed financial and administrative supervision manual that is being reviewed by HFG and MSPP prior to adoption as national standard. Informal contact; evaluation of RBF funds management 	<p>MSPP and HFG adoption of financial and administrative supervision manual initially developed by SSQH–Nord.</p> <p>Waiting for MSPP approval.</p> <p>Share with USAID.</p> <p>Finalize training materials on financial management (accounting, cash management) for MSPP approval</p>
HHIP/AECOM - Haïti Health Infrastructure Project	Gary Turk, Chief of Party Kenson Théus, Assistant Project Manager	Improving infrastructure at site-level	<ul style="list-style-type: none"> Ongoing coordination for infrastructural improvements as possible. 	Share needs of infrastructure's renovation.
HMMI - Haïti Mobile Money Initiative / HIFIVE	Claude Clodomir, Chief of Party	mHealth and mobile payments	<ul style="list-style-type: none"> Initial discussions held. 	Contact World Council for TA in selecting mobile payment solutions.
I-TECH		Electronic medical records	<ul style="list-style-type: none"> The two projects established a joint approach to electronic medical records. Collaboration to support improvement of health care monitoring at department level. Joint mentoring of health care providers. Coordinated approach on health system information and quality improvement. 	Sign MOU on joint activities.
KORE LAVI		Nutrition and Maternal and Child Health Mutual	<ul style="list-style-type: none"> Meeting to discussion potential collaboration and information-sharing. 	Regular communication, sharing of information and continued collaboration.



PROJECT	CONTACT PERSON/ TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
LMG – Leadership, Management and Governance	Olivier Inginda, RBF Principal Technical Advisor Karen Caldwell, COP	Coordination of RBF support, UAS implementation and governance at departmental level	<ul style="list-style-type: none"> SSQH–Nord and LMG are coordinating to facilitate national rollout of the RBF strategy; LMG at the central level and SSQH–Nord is supporting rollout in its four supported departments. Ongoing collaboration ensure a streamlined approach and information-sharing across these levels. Informal contact; evaluation of RBF funds management. 	<p>Regular communication, sharing of information and continued collaboration.</p> <p>Collaboration for the testing of referral and counter referral tools already developed by LMG.</p> <p>Share information on RBF strategy.</p>
LMS – Leadership, Management and Sustainability	Sandra Benjamin-Guerrier, Project Director	Supply chain and training for sexual and reproductive health	<ul style="list-style-type: none"> SSQH staff participated in regular coordination meetings with LMS to share information on contraceptive services in institutions. The two projects collaborated to facilitate several training sessions on contraceptive product quantification in the four DDS. SSQH–Nord and LMS collaborated on identifying participants for GLI training session. Coordinated supply of FP commodities based on estimated need. The two projects agreed to facilitate training for stock managers on logistical management of commodities, as needed. Held quarterly technical meetings. 	Handover of LMS activities to SCMS as of January 2015.
MFK – Meds and Food For Kids	Patricia Wolff, Executive Director	Ready-to-use Therapeutic Foods	<ul style="list-style-type: none"> Formal contact initiated. 	Formal meeting, information sharing, identify collaboration mechanisms.
MCSP–Maternal and Child Survival Program	Jeffrey Smith, Lead Implementer	MCH	<ul style="list-style-type: none"> Sharing information for identifying field of intervention in order to prevent duplication from both project. Participation in MCSP initiative for the implementation of community health platform. Continued collaboration to plan activities in referral networks of Saint Michel and Ouanaminthe. Information-sharing and identification of field of intervention to prevent duplication from both projects. 	<p>Sign MOU on joint activities.</p> <p>Participation in child health technical working group to be revived by MCSP.</p> <p>Training of providers.</p> <p>Continuous collaboration to plan activities in referral networks of Saint Michel and Ouanaminthe.</p>



PROJECT	CONTACT PERSON/ TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
NASTAD – National Alliance of State and Territorial AIDS Directors	Barbara Roussel, Program Director Nadjy Joseph, PMTCT Surveillance Manager	HIV/AIDS data and monitoring	<ul style="list-style-type: none"> Formal meeting to learn about NASTAD's work to provide training and coordination for existing data platforms in Haïti, such as iSanté and MESI. The two projects agreed to conduct joint supervision of sites when NASTAD is in SSQH–Nord areas of intervention. The projects collaborated to facilitate on-site training for all case managers, data reporting officers, and site managers on HIV/AIDS case notification and Active surveillance of Seropositive Pregnant Women for all PEPFAR sites supported by SSQH-Nord. 	Joint planning of supervision, training and intervention in SSQH–Nord sites.
NSP – Nutrition Security Program / Partners of America	Carl Abdou Rahmaan, Program Director, Yves-Laurent Régis, Technical Director, Dr. Jutile Loiseau, Senior Quality Assurance and Capacity Development Advisor, Ephemie Laguerre, Regional Coordinator-Cap-Haïtien	Community-level activities related to MCH and nutrition	<ul style="list-style-type: none"> Regular communication, sharing of information and ongoing collaboration 	<p>Collaborate in the training of NSP CHWs who are based in SSQH Nord catchment area.</p> <p>Share information and identify other areas of joint programming and collaboration.</p>
PSI Haïti – Population Services International (PREVSIDA)	Annick Supplice, Executive Director	Reproductive health, maternal health	<ul style="list-style-type: none"> Informal conversations at USAID-supported events SSQH-Nord and PrevSida developed a joint action plan to implement testing, outreach, referral, and enrollment activities for key populations in HTC sites supported by SSQH-Nord or another partner. 	Initiate formal contact, share information, identify areas of collaboration



PROJECT	CONTACT PERSON/ TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
SCMS - Supply Chain Management Systems	Olivia Du Moulin, Deputy Program Director	Supply chain and training for HIV/AIDS and TB sites	<ul style="list-style-type: none"> Coordination for training of sites' staff in stock management. Coordination for supply of FP commodities based on estimated need. The two projects agreed to facilitate training for stock managers on logistical management of commodities, as needed. Held quarterly technical meetings. Collaboration for reports compilation and analysis. 	Continuous close collaboration to ensure provision of ARVs and laboratory reagents to SSQH Nord sites.
SEFIS	Robert Philippe	RBF: verification of data	<ul style="list-style-type: none"> Formal introduction by USAID and visit by SEFIS to SSQH-Nord office. Introduction of SEFIS to partners. Facilitation of site supervision visits by SEFIS. 	Regular communication, sharing of information and continued collaboration.
Specialist Training for Disabilities Technicians Project		Specialist Training for Disabilities Technicians	<ul style="list-style-type: none"> Information gathering. 	Initiate formal contact, share information, identify areas of collaboration.
SPRING - Strengthening Partnerships, Results, and Innovations in Nutrition Globally	Dr. Lerebourg	Nutrition, NACS approach	<ul style="list-style-type: none"> Collaboration for training of sites' staff in Nutrition Assessment, Counseling, and Support (NACS) and Newborn and Young Child Feeding. 	Benefit from SPRING expertise to facilitate training session in NACS and Newborn and Young Child Feeding.
SSQH Central/South	Tanou Diallo/Nancy Nolan, COP	Core project management and goals	<ul style="list-style-type: none"> Ongoing coordination on technical aspects of project. Ongoing discussions and meetings on overall project management. Both Pathfinder and URC are using the same subcontractor Dimagi to roll out mHealth applications in both Central/South and the North. MOU signed between Pathfinder and URC on mutual use of <i>CommCare</i> applications. 	<p>Regular communication and continued collaboration, with formal monthly meeting.</p> <p>Follow-up on execution of MOU.</p>

SSQH–NORD – Partnerships and collaborations: Other Institutions

PROJECT	CONTACT PERSON/ TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
DRI - Direct Relief International	Catherine Hermantin, Executive Director	Equipment and supplies for health sites	<ul style="list-style-type: none"> Contact established. 	SSQH–Nord to assess needs for equipment, supplies and pharmaceuticals at supported sites and share information with DRI, who will respond to needs depending on availability.
Digicel TchoTcho	Karly Benjamin	Mobile Money	<ul style="list-style-type: none"> SSQH–Nord signed contract and subscription with Digicel. 	Conduct internal training to verify payment capacity of TchoTcho before launch.
INHSAC - Institut Haïtien de Santé Communautaire	Dr. Paul Carrénard	Training of health care workers	<ul style="list-style-type: none"> Analysis of INHSAC proposal and budget. Contract not developed 	
PARC - Projet d'appui au renforcement des capacités en gestion de la santé	Jean-François Labadie, Technical Assistant	Health care management	<ul style="list-style-type: none"> Contact identified; discussion underway. 	
PRISMA – Projet de prise en charge intégrée de santé de la mère et de l'enfant	Martine Bernier, Project Director	Maternal and child health, UAS	<ul style="list-style-type: none"> Ongoing collaboration through phone calls, informal meetings Participation in the Comité départemental (departmental committee) meeting on November 12. This committee is co-lead by PRISMA and the DDS. 	
UNICEF	Francine Kimanuka Health Manager		<ul style="list-style-type: none"> Meeting held with Jean Max Bolière and child health nurse of DDS Nord in search of solutions for the Vitamin A stock out problems Informal conversations with the health manager regarding disruption in the national supply chain of Vitamin A 	Formalize the working collaboration in the Artibonite department.
World Bank	Isabelle Siméon, Focal Point Health Specialist	Results-based financing	<ul style="list-style-type: none"> Contact identified; discussion underway. 	